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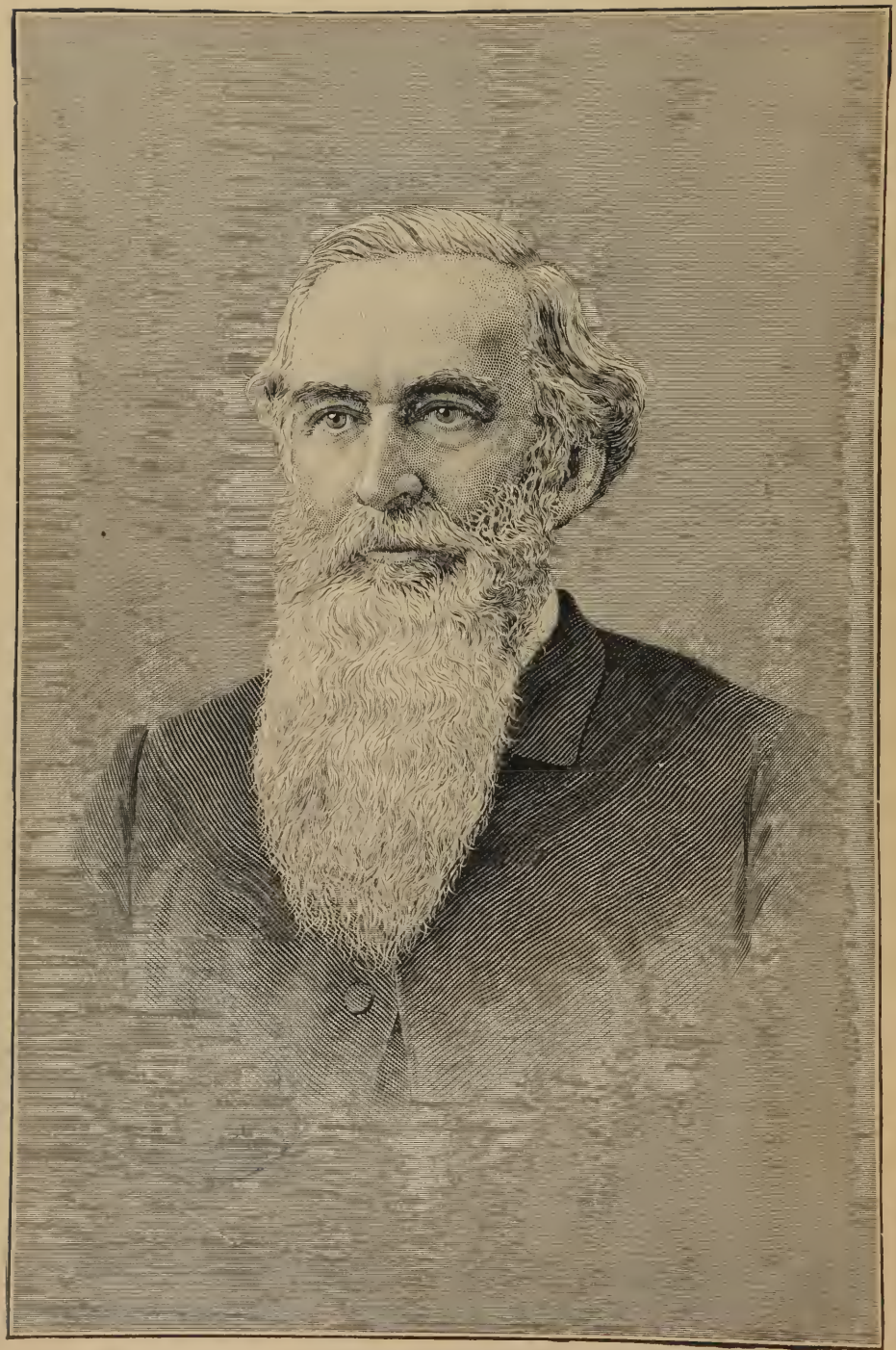
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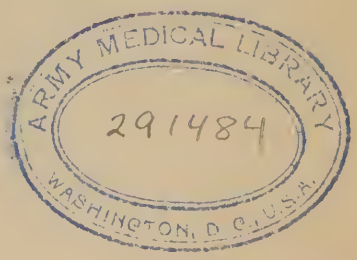
By

DR. C. D. BOBO,

Graduate of the University of Pennsylvania

IN ONE VOLUME.





OAKLAND, CAL:
PACIFIC PRESS PUBLISHING HOUSE.
1887.

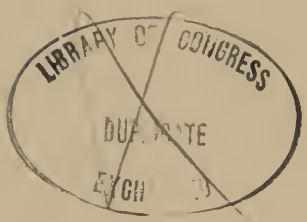
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TO MY

BELOVED DAUGHTER, LUCY,

TO WHOSE ASSIDUOUS AND FAITHFUL LABORS

I OWE MUCH, THIS VOLUME IS

DEDICATED.

PREFACE.

THIS volume is sent forth to the world on a mission of mercy. The Author for some years past has felt the public need of such a work.

Many families living in isolated places far removed from cities and towns, where a medical practitioner cannot be had without much delay, inconvenience, and enormous cost will find the work an inestimable boon. Besides, much suffering may be alleviated or prevented by administering, in time, the simple remedies which the plainest person with a little care may apply with perfect safety.

Many valuable works have been published on the practice of medicine but they are so full of technicalities and scientific phrases as to render them altogether useless to the general public.

This defect is remedied in the present work, as the author, with a view to the public good, has most carefully avoided all scientific and learned expressions, and has used such language only as a child can understand.

Besides this advantage to the general public young medical practitioners will find in this volume much useful information and it can safely be relied upon as a text-book to be consulted on all occasions.

For almost every known disease "that flesh is heir to" the Author has provided a remedy which, although original, can be safely applied and will be found most effectual.

The result of the Author's accurate knowledge and extensive practice of more than forty-five years, as well as his invariably successful mode of treatment, he now offers on behalf of suffering humanity.

The reader will find here nothing omitted necessary to the description of diseases and their mode of treatment.

The prescriptions are plainly, accurately, and fully given, the administration of the medicines, the management of the patient from hour to hour, under what conditions the medicines must be changed, and how they operate, are all described.

The reader will also find here useful instructions in midwifery, before, during, and after confinement, and the proper treatment of the mother and child, also valuable lessons in practical surgery, such as sprains, bruises, fractures, dislocations, hemorrhages, etc., etc.

To the thousands who will read these pages it may be said that the Author is a graduate of the University of Pennsylvania, April 2, 1841, and has for the past forty-five years stood eminently high in his profession.

The Author has every confidence that the book will fulfill its mission.

C. D. BOBO.

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INVOICE OF DRUGS.

BUY OR ORDER THE FOLLOWING DRUGS FROM A RELIABLE DRUGGIST.

Calomel	One ounce
Laudanum	One ounce
Dover's Powder	One ounce
Tartar Emetic	One drachm
Ipecac	One-half ounce
Quinine	One ounce
Sulphate of Morphine	One drachm
Sugar of Lead	One ounce
Sweet-oil	One bottle
Castor-oil	One bottle
Castile Soap	
Epsom Salts	One pound
Seidlitz Powders	One box
Sticking Plaster	
Powdered Slippery Elm Bark	
Paregoric	Four ounces
Flowers of Sulphur	One pound
Cream of Tartar	One pound
Chloride of Potassium	Two ounces
Bromide of Potassium	Two ounces
Compound Cathartic Pills	Four dozen
Pepsin	One ounce
Gum Camphor	Four ounces
Balsam Copavia	One-half pint
Gum Arabic	One-quarter pound

With pocket scales and weights any person can easily weigh out grains, scruples, drachms, and ounces.

TABLE FOR POWDERS AND PILLS.

20 Grains make one Scruple,
3 Scruples " Drachm,
8 Drachms " Ounce.

This is the table that doctors use to make their pills and powders. For fluid prescriptions we use the following:—

TABLE FOR FLUIDS.

Half a Drachm is 30 Drops,
One Drachm is 60 Drops,
8 Drachms make one Ounce,
8 Teaspoonfuls " Ounce,
4 Tablespoonfuls " Ounce.

With these two simple tables every prescription in this book can be filled.

HOW TO PUT UP A PRESCRIPTION WITHOUT THE POSSIBILITY OF MAKING A MISTAKE.

First write out the prescription, then select from the medicine chest all the drugs from which the prescription is to be compounded. Weigh or measure out from each one the quantity prescribed, being careful to place each one back in its proper position in the medicine chest, as soon as weighed or measured from.

By following this rule you will be sure that each drug is in, and no one has been put in twice, and there will not be a doubt left to annoy the mind afterward.

I have seen doctors leave out one or two drugs in a prescription and on one occasion the most important one, which was worth all the others combined. He was making paregoric and he left out the opium.

An old but very true saying often comes to my mind, "An ounce of prevention is worth a pound of cure."

A few hints on the preservation of health will not come amiss right here, and if the readers of this book will pay particular attention to the laws of health as I have here given them they will have but little use for medicine.

For the secret of good health look to the secretions. If you can regulate and keep in perfect order these, your health in most cases will be good.

The secretions I speak of are the result of the healthy action of the stomach liver, bowels, kidneys, uterus, and skin, and when we sum up all the diseases for which medicines are administered, we will find that they are the consequences of unhealthy or morbid action on the part of one or more of these organs.

When your remedies succeed in restoring a healthy action you find the patient recovers immediately.

There are many diseases, however, that are entirely independent of the action of the secretions.

A proper amount of exercise, prudence in diet and drink, and attention to clothing conduce largely to health.

Without further remarks I will proceed to give you some practical lessons in the treatment of the most common diseases in this country.

BILIOUS FEVER.

BILIOUS fever is, in almost every instance, ushered in with a feeling of languor, loss of appetite, slight chilliness, thirst, headache, hot skin, accelerated pulse, ranging from eighty to a hundred pulsations a minute, pain in the back, with general aching all over, furred tongue, coated, etc. You need not mistake. This patient has either bilious or typhoid fever. The following prescription is good for either, and should be given as soon as the symptoms appear. Take—

Calomel, fifteen grains,
Dover's Powder, fifteen grains.

Mix thoroughly and divide into two powders; give one powder in syrup, damp sugar, rice wafer, or any other convenient way. (This powder will not mix well with water or tea). Four hours after the first is taken, give the second, and six hours after the second powder is taken, give some cathartic or opening medicine to work off the calomel. If one dose fails, repeat it every two or three hours until you succeed Castor oil, citrate of magnesia, Epsom salts, Seidlitz powders, or injections of warm water and castile soap can be used repeatedly every half hour.

Sometimes it will be found that the patient will vomit any one or all of these opening medicines. In that case you can use any other cathartic that will be retained by the stomach This trouble will occur only once in a great many cases. So long as the calomel remains in the patient he must drink tea, gruel, or broth from chicken, beef, or mutton. Give the patient a hot foot bath every evening; also sponge him off all over with tepid water, after which sponge him off with alcohol.

Now commence with the following prescription: Take—

Two grains Tartar Emetic
One ounce Paregoric,
One ounce sugar or syrup,
Two teaspoonfuls pulverized Gum Arabic,
Three ounces of water.

Mix all together.

Give of this fever mixture one teaspoonful every hour, and if the patient vomits a few times it will be all the better. Then drop the dose off to every two hours, and if this vomits, give only half the dose. At bedtime give the patient seven grains of Dover's powder. After you have worked off the calomel, the patient can drink cold water or lemonade at pleasure.

The next day, if the fever still remains, go on with the fever mixture as before, and at bedtime give one of the last mentioned calomel powders, and work off as before, the next morning, with the same instructions in regard to the opening medicines. In the afternoon give seven grains of the Dover's powders, every four hours, until you find the patient in a profuse perspiration or sleeping soundly. You will rarely have to give more than two of these powders.

The next morning after this, the patient will more than likely be entirely free from all fever. Very often this will end the treatment. Now give the patient light diet for a few days, gradually increasing until you can give solid food.

You will find some patients disposed to run into chills and fever every day, or every other day. To all such patients administer quinine. Give three-grain doses every three hours until you have given twenty grains. Commence with the quinine immediately after the last fever is sweated off. This will effectually break up the chills and fever.

Many people are of the opinion that typhoid fever is much harder to cure than bilious fever, and more dangerous. This is a mistake. These people are also of the opinion that the typhoid fever cannot be cut short like chills and fever. This is another great mistake. Bilious fever is a rapid fever, and

if not arrested in eight or ten days, often proves fatal. On the contrary, typhoid fever is a slow fever with very little inflammation. It consequently has to run a long time before it can produce death. And often when it proves fatal, it is not from the fever. It is from some other disease brought on by bad treatment and too many irritating medicines that inflame the mucous membrane of the stomach and bowels. At this stage of the disease the patient is necessarily very much reduced in flesh and strength, and cannot stand the diarrhœa, and bloody flux, and dysentery, or both. When these difficulties overtake a patient, nothing else than fatal results can be expected.

I have treated thousands of bilious and typhoid fever patients running through forty-five years of active practice as a physician, and I have yet to see one single case which has proven fatal from any trouble in the mucous membrane of the stomach and bowels. The great mistake that young practitioners fall into is, not knowing when to *leave off giving* medicine. Hundreds and thousands of patients are annually killed by too much drugging after they are well and should be left alone to good nursing, proper exercise, and diet.

Another great and more sinful practice of nearly all the doctors in the United States, is the practice of writing long and useless prescriptions, piling up the patient's drug bill, with an eye single to their little twenty-five per centum. This per cent the druggist insists on paying to the doctor, and of course the larger number of these physicians, possessing as they do most tender and honest consciences,(?) the more prescriptions they succeed in pouring down their patient's throats, the larger their bank accounts.

These honest(?) gentlemen(?) not once give a thought to the terrible results they are the cause of inflicting upon these very patients who have already paid them in full for their services.

Another dodge that some of the doctors play on their patients is to rush into the sick-room, feel the pulse, look at the tongue, throw up their hands, look wise, and say the disease

has changed! Notwithstanding they have already written two or three prescriptions the day before, at a cost of two or three dollars to the patient, and only two or three doses of medicine have been taken from these bottles, "the medicine must be changed!" and one or two prescriptions in addition are written. Off they are sent to the drug store to be filled, and a few doses are taken from the new lot of bottles. At the time of the doctor's next visit, lo, and behold, the disease has made another very unaccountable change! Again all the last set of bottles are to be stood up side by side with the others that failed to relieve, and the same thing is repeated from day to day, and finally the patient dies *very suddenly.* Up to this time the patient had a very light case of typhoid fever, and the attending physician daily gives the anxious friends the most flattering answers, such as, "You need not fear." "He has passed the worst." "Sure to pull through," etc., etc. Now the patient is dead, and there is no getting away from the fact, he comes out with, "Ah! the fellow had heart disease, or softening of the brain, and I knew all the time he was going to die, but I was afraid to let his people know it, for fear some great calamity might happen some one of the family."

Now the patient is removed from the sick-room, it must be ventilated and cleaned out; and when you come to remove the bottles you find you have to bring in a bushel basket to carry them out, for there is a regular battalion of them, rank and file, as well as an opposing army.

When I see and know that this kind of practice is going on all over the country, my sympathy for the people has no bounds. I am proud of my profession, but terribly ashamed of some of its followers. No wonder the people have lost confidence in doctors. Do some of them deserve any? The only way to succeed is, as I said before, to have a regular course of treatment from beginning to end. Many doctors in this State, and, in fact, all over the United States, change the medicine every day, hoping to strike the proper remedy in some way before the case terminates fatally. When you

find a doctor changing his medicines every day, you may set him down as a quack of the first water.

This kind of talk from a doctor will doubtless bring down on his head severe criticism from the profession. I care little for the harm it may do me. The good that I am confident I will do the people will repay me ten times tenfold for all such criticisms. I hope to make a few converts among the young doctors to my plan of treating diseases, and if they will once give it a trial, they will certainly adopt it. I hope to bring over some of the elderly gentlemen. They will find it better, easier, and more economical, for the patient will get well sooner and will remain well longer.

The unfortunate part of this treatment for the doctors is, their bills will be very much shorter, and the twenty-five per centum no larger than legal interest, and the health of the community will be vastly improved. The services of about one-half of the doctors can be dispensed with. This would be of great importance to the people. Then the question arises, What will we do with our doctors? I leave you, my readers, to answer the conundrum.

CHILLS AND FEVER OR AGUE AND FEVER.

CHILLS and fever, is the same as ague and fever. These complaints are so common and familiar to everybody that a description of them is hardly necessary, but someone may read this book and not understand the way a chill handles a patient.

One is apt to be alarmed from the sudden change from comparatively good health to such a sudden fall of temperature unless he understands why he grows so cold. He builds a big fire, puts on warm clothes, yet seems to grow colder. By this time he begins to shake, his teeth to chatter, and he cannot hold himself still. He is now greatly alarmed and

thinks he is going to die, and in his despair gets into the nearest bed, and covers up with all the bedclothes near, but cannot get warm. All this ado occupies an hour or two. He is next very thirsty, feels as if he is burning up inside. After quenching his thirst he begins to warm up; the shaking is not so violent; the chill is now about over, and he breathes more freely. Then the clothes and bedclothes seem so hot and so heavy; one by one they are thrown off, but he cannot get cold now. It is *now* water, water all the time, for something like an hour. By this time the large quantity of water he has been drinking is quite hot in the stomach. Of course he turns sick, begins to vomit, and up comes the water and with it more or less yellow or green bile, very bitter. Now the great drops of perspiration are pouring out of every pore of the skin. You will observe that he has had the cold stage then the hot stage, and now he finishes with the sweating stage. Being all through with his first chill and fever he feels better, but quite dilapidated. He finds by this time that all danger is not death, and in an hour, to his surprise, he is able to get out of bed, dress himself, and is ready for some supper.

Next day he feels as well as usual and thinks there is no need of medicine. Just forty-eight hours from his first chill he finds out that he did need medicine, for another chill is upon him. He has to go through the same course again, and will continue to do so, every other day, for a year or two until the stoutest constitution in the land would break down and become a wreck. At this stage he is a prey to dropsy, and in a few months yields up the ghost.

Now let thanks be given to science and quinine. We can with absolute certainty ward off the second attack of these dreadful chills. Immediately after the patient has recovered from the first chill and fever, give three grains of quinine every three hours until thirty grains are taken, and the second chill will not make its appearance. Three days after you have finished the quinine, give the patient three or four compound cathartic pills. These pills you can get at any drug

store. After this give the patient the following prescription: Take—

Thirty grains of Quinine,
Five grains of Piperine.

Form fifteen pills. Give one pill morning, noon and evening, until the fifteen pills are taken. Eat and drink as usual.

BILIOUSNESS.

THIS is one of the most common ills that is known to the human system. It is not classed as a special disease. It is one of the disorders that leads to many serious diseases such as fevers, dyspepsia, neuralgia, the different kinds of dropsy, the various skin diseases, derangements of menstrual discharge, and many other diseases, too tedious to mention. Hence the absolute necessity of keeping the biliary secretions in perfect order, without which no person can have perfect health.

The first symptom of biliousness is constipation, dull headache, foul tongue, bad taste early in the morning, loss of appetite, indifference to business, stools light colored. These symptoms all point to torpor of the liver. Remove the cause of all these symptoms and the system recuperates immediately. All you have to do is to stimulate the liver to action. There are many remedies recommended to perform this service —none of which is equal to calomel. This is the only known drug that acts specifically on the liver, and one dose of calomel properly administered will produce more satisfactory results in forty-eight hours than all other remedies in forty-eight days. Let the trouble be taken in time and the one dose of calomel will succeed in nineteen cases out of twenty. Directions for taking the same are as follows:—

Calomel, fifteen grains;
Dover's Powder, fifteen grains.

Mix. Divide into two powders; take one at 8 o'clock P. M., the other at 11 o'clock P. M. Work off the next morning with any opening medicine that is convenient and agreeable. Be sure to work off freely. Live on light diet two or three days. Some patients prefer compound cathartic pills; if so, use them. They are not so efficacious but one or two doses of four pills at bedtime will often do the work as effectually as the calomel and Dover's powder. The pills have the advantage of being sufficient to work off themselves without the aid of any opening medicine.

Dose of compound cathartic pills is two, three, or four at bedtime. If they fail to operate in ten or twelve hours, repeat the dose, and if that fails, assist them with an injection of warm water and soap. After this observe the laws of health carefully, especially the diet and exercise, and health will be restored.

TREATMENT OF CHILDREN WITH BILIOUS FEVER.

THE treatment for a child is precisely the same as for a grown person, with the exception of the dose. For a child one year old, you will give one grain of calomel and half a grain of Dover's powder, and repeat in four hours. Six hours after give a dose of castor oil (castor oil is very much better for a child than any other opening medicine), and if it fails to operate in two or three hours, repeat the dose; the dose being from one to two teaspoonfuls. This may be assisted by an injection of warm water and soap. When you give an injection to a child you must use about a common teacup of water; for a grown person, about a quart. Less than this is useless. The same fever medicine is also good for the child, but use only a half a grain of tartar emetic, and only two teaspoonfuls of paregoric, then give the fever

mixture thus reduced, one teaspoonful every one or two hours. If the child vomits a few times, no harm will come of it; on the contrary it will be of much benefit.

This treatment is used for all ages; and by referring to the schedule of doses below, the exact dose can be found for any age.

Dose of calomel and Dover's powder for a child one year old—

Calomel, one grain,
Dover's Powder, one-half grain.

Two years—
Calomel, two grains,
Dover's Powder, one grain.

Three years—
Calomel, three grains,
Dover's Powder, two grains.

Four years—
Calomel, four grains,
Dover's Powder, three grains.

Five years—
Calomel, four grains,
Dover's Powder, three grains.

Six years—
Calomel, four grains,
Dover's Powder, three grains.

Seven years—
Calomel, five grains,
Dover's Powder, four grains.

Eight years—
Calomel, five grains,
Dover's Powder, four grains.

Nine years—
Calomel, five grains,
Dover's Powder, four grains.

Ten years—
Calomel, six grains,
Dover's Powder, four grains.

Eleven years—
Calomel, six grains,
Dover's Powder, four grains.

Twelve years—
Calomel, six grains,
Dover's Powder, four grains.
Thirteen years—
Calomel, six grains,
Dover's Powder, four grains.
Fourteen years—
Calomel, six grains,
Dover's Powder, four grains.

For fifteen and upwards give the full dose. You will bathe the feet of a child often during the day or night if they are cold. You must keep the head cool and the feet warm.

When children have fever from any cause, or whatever fever (except scarlet fever), you should bathe them three or four times a day in warm water. You will find that this will immediately lessen the fever and be of great advantage to the little sufferer. I have saved the lives of a great many children by the constant application of cold water to the head, and warm water to the body and the extremities. This is a salutary, refreshing, and pleasant remedy, entirely safe at any and all times, day or night. It is also admissible, regardless of what medicine the patient has taken, or what he is taking, or will have to take. I use this on grown people as well as children.

If you have an obstinate case of fever in a child, you will have to repeat the calomel and Dover's powder just as you do in the case of a grown person, and as often. When you wish to give them Dover's powder, turn to the table of doses of calomel and Dover's powder and you will find the proper dose for the age, omitting the calomel.

During the fever, either bilious or typhoid, the child will take the lightest kind of diet. If it is nursing it should, of course, take the breast as usual. Children at this tender age rarely have chills and fever except in the Southern States. But in case they do, they will have to take quinine. A child one year old should take one-half a grain every three hours until five or six grains are taken. A child two years old should take one grain every three hours until seven or eight

grains are taken; one of four or five years can take one and a half grains until ten grains are taken; one of nine or ten years will take two grains every three hours until twelve or fifteen grains are taken, and so on, increasing the dose as they are older. An overdose of quinine will not produce any bad effects more than to make the ears ring a little more than usual. When the ears ring well, the patient is well under the influence of the medicine, and is sure to escape the chill.

AGUE CAKE.

THIS is enlargement of the spleen. This disease is rarely met with except in a southern or malarious climate. Frequent attacks of fever and ague are the cause of this enlargement.

TREATMENT.—Break up the chills and fever with either quinine or Fowler's solution of arsenic. If you use the quinine treatment, adopt the following prescription: Take—

Quinine, thirty grains,
Piperine, six grains.

Mix, and form into sixteen pills. Take two pills every three hours until all are taken.

If the Fowler solution of arsenic is used, Take—

Fowler's Solution of Arsenic, one ounce,
Syrup or Sugar, one ounce,
Pulverized Gum Arabic, one ounce,
Water, five ounces.

Mix. Take one teaspoonful every six hours until all is taken.

Now you have the chills and fever broken up, give the following prescription. Take—

Iodide Potassium, three drachms,
Bromide Potassium, three drachms,
Pulverized Extract Liquorice, three drachms,
Water, seven ounces.

Mix. Take one teaspoonful every six hours for thirty days. This will be apt to cure the trouble. If, however, at the expiration of the thirty days, the spleen is not reduced to its proper size, go on with the prescription thirty days longer.

SCARLET FEVER.

THERE are three kinds of this fever. First, the simple scarlet fever, this as a general rule is confined to children and young people, rarely attacking any person older than twenty years of age. This variety is attended with slight fever and slight sore throat. The skin is more or less red with eruption something like measles. The eruption is not general, nor is it raised and in half and two-thirds circles as in measles. It is in fine red specks. This disease is so slight that the patient is often not confined to the bed. They require but little treatment beyond rest and quiet, and to be kept indoors, on light diet, with very mild opening medicine, such as citrate of magnesia, Seidlitz powders, etc., and a little paregoric at bedtime if they are restless. For the trouble in the throat use the following prescription: Take—

Chloride of Potassium, half a drachm,
Powdered Extract Liquorice, two drachms,
Water, six ounces.

Mix. Give one-half of a teaspoonful every two hours, when the patient is not asleep. This can be swallowed or used as a gargle.

Dr. Woods says: "The vast majority of scarlet fever cases would end favorably without treatment. Hence the reputation acquired by homeopathy in this disease."

The second variety is very much more severe. The throat is very sore, with slight difficulty in swallowing. The fever is very high, with a fast pulse, and the skin is really of a scarlet red, and feels hot to the touch, with a good deal of

thirst. This variety requires prompt attention. An emetic in the early stage is of great advantage. The following is the prescription: Take—

Tartar Emetic, two grains,
Ipecac Powder, twenty grains.

Add to this eight tablespoonfuls of warm water. Dose for a child, over two years and under ten, one teaspoonful every ten or fifteen minutes until the patient vomits. Then give warm water freely, which will assist the operation very materially. For a child under two years omit the tartar emetic and use the ipecac alone as above stated. Over ten years, two or three teaspoonfuls.

In all cases of fever (except yellow fever), emetics are very applicable, particularly for children. Hence we use them often. About five or six hours after the emetic, give some opening medicine, citrate of magnesia, Seidlitz powders, Epsom salts, or castor oil, in moderate doses, repeating the dose every two hours if necessary.

Now if after all this, the fever is still running high, give calomel and Dover's powder in the usual dose as laid down in the table of doses. Give one dose, and three or four hours after give the second powder. Six hours after give the opening medicine. After this if the fever still remains give the following mixture:—

Tartar Emetic, one grain,
Paregoric, half an ounce,
Chloride of Potassium, in powder one-half teaspoonful,
Syrup, honey or sugar, one ounce.

Mix. Add to this four ounces of water. Dose, one teaspoonful every two hours. If it vomits, reduce the dose. For an infant under two years, give only the fourth of a teaspoonful.

THROAT MIXTURE.—Take—

Chloride Potassium, one tea poonful,
Honey, one ounce,
Water, five ounces.

Mix. Give half a teaspoonful every two hours. This may be swallowed or used as a gargle.

To give these doses it is not advisable to disturb the patient when sleeping. Sleep at this time is of greater benefit than the medicine. This rule holds good throughout the treatment of all diseases, with but few exceptions. Therefore I allow them the benefit of a good refreshing sleep.

You will observe I have said nothing about bathing and sponging. In the eruptive diseases, such as scarlet fever, measles, and smallpox, it is not advisable to use cold water. If the patient is very hot, sponge off with hot water and wipe dry. This is salutary and refreshing. The foot bath should be used at bed-time and then give a dose of Dover's powder.

Except in rare cases I seldom have anyone to sit up with my patients. I always arrange, if possible, to give the patient a rest in the twenty-four hours. So at bed-time, if *needed*, an opiate is given, lights put out, the house quiet, and if the patient sleeps, I regard this as one of the most favorable symptoms. Five or six hours of refreshing sleep is worth more to the patient than a dozen doses of medicine almost any time.

I have a great horror of the usual professional nurse. Nineteen times out of twenty that you put them in charge of a patient, you will find that they have changed the direction of the medicine and very often changed the medicine entirely. When they think their change has succeeded they brag of it to outsiders; but on the other hand if they kill the patient, the doctor suffers all the blame. So as a general rule, if you are compelled to have a nurse, hire an intelligent man or woman that has not nursed to any extent. They will follow directions more strictly.

Now we come to the malignant or putrid sore throat connected with scarlet fever. This is certainly one of the most dangerous and fatal diseases that children are subject to. It attacks all ages from twenty-five down.

The symptoms are all the same as in the second variety, with one or two exceptions. The patient seems more dis-

tressed in breathing and more restless. The throat instead of being red and sore, is sore and ulcerated, and it thickens up all around, so much so that the patient can hardly breathe, and often at this stage the throat is entirely closed and death puts an end to the suffering.

The treatment is the same in this variety with the exception of the gargles for the throat. We have a great variety of gargles, caustic, burning medicines, etc. I regard the one that I have given as the best, and with it you are sure to do good and not harm. Many of them are injurious and therefore I will not enumerate them. These patients are often very weak and prostrate.

Below you have a very good throat remedy, to use when they are low down and need a stimulant. Take—

Red Pepper Tea, two ounces,
Whisky, two ounces,
Honey, two ounces,

Mix. Dose for a child one year old, half a teaspoonful every hour or two, increasing the dose according to age. This is a good nourishing stimulant. Such patients should be fed on eggnog, beef tea, milk punch, soup, and the like.

CONGESTIVE FEVER.

THIS fever attacks the patient very much the same as the bilious fever. The patient is dull, half stupid, a loss of appetite, and very bilious. About 10 o'clock in the forenoon, he feels somewhat cold, and has a livid appearance, with more or less thirst, rarely complains much, except of the thirst. Examine the pulse; you will find it from ninety to one hundred pulsations per minute. The hands and feet are cold, but the body much warmer than usual. This is called the cold stage, which lasts about an hour. There is no shivering of the body or chattering of the teeth as

in ague chills. Then reaction takes place, the fever rises to a high temperature, lasting three or four hours. This is called the hot stage, after which the patient breaks into a profuse perspiration, continuing four or five hours. Then, strange to say, the patient feels quite relieved; rises next morning feeling so well that he will go about all day attending to business as usual, feeling only a little out of sorts; can't see the necessity of taking any medicine, as he is so much better. The next day he goes about his work, but finds about the same time of day, or a little earlier, that that dull chill is creeping on him again. It is now too late to take any medicine to supersede this chill and fever, which will be much more severe; the patient is more stupid, the fever is greater and lasts longer by several hours, and there is more or less delirium. The hot stage gives way to the sweating stage, and you will find this second chill and fever weakens the patient very rapidly. He is so weak and prostrate, he keeps his bed all day, and toward evening is comfortable; this ends the second chill and fever. The third chill will make its attack a little earlier than the second; this prostrates the patient to such a degree that reaction cannot take place, but he will grow colder and colder, more and more livid, until he is almost black. This is the fatal chill.

TREATMENT.—We can do but little for the first chill and fever, except hot bathing while the chill is on.

When the chill has past give the following prescription:—

Tartar Emetic, two grains,
Paregoric, one ounce,
Simple Syrup, one ounce,
Water, two ounces.

Mix. Take two teaspoonfuls every hour until the fever passes off. If this dose vomits the patient, so much the better, and if it should act freely on the bowels it saves the trouble of giving opening medicine for a day or two. We have no time to lose when we have a congestive chill to supersede. We have the remedy that *never fails* if we commence in time and give it in the *proper manner*.

The first chill and fever is entirely off some time in the night. Weigh out six quinine powders, five grains each. It is not safe to depend upon ready-made pills such as are kept in the drug stores, for they do not have the amount of quinine they claim. Give one powder every three hours until all are taken. This will effectually ward off the second chill. The patient is now out of all danger. This amount of quinine given in so short a time often produces a little torpor of the liver, this being the case it is well to give a small dose of calomel and Dover's powders, say ten grains of calomel and eight grains of Dover's powders, taken at bed-time, and worked off next morning with some mild opening medicine. Three or four compound cathartic pills will answer the same purpose if there should be any objection to the calomel. After this the patient should be kept within doors two or three days, and fed on light diet. This is a very dangerous fever, hence the necessity for prompt and efficient treatment.

COLD HANDS AND FEET.

MANY people suffer from cold hands and feet, and at the same time are in good health otherwise. I have relieved many patients by giving the following prescription: Take—

Quinine, thirty grains,
Piperine, ten grains.

Mix. Form twenty pills, or divide into twenty powders. Take two pills or two powders morning and evening for a week or ten days. This is a safe and successful remedy, and a very good tonic. Outdoor exercise will do much to facilitate the cure.

TYPHUS FEVER.

THIS fever has had its place in the list of diseases for centuries. It was known by several names such as continued, ship, jail, and nervous. Many years ago it was given

the more scientific name of typhus fever. All the common fevers such as bilious, typhoid, and congestive, sink into insignificance when compared with this fever. Fortunately it is of rare occurrence. The author was so fortunate in his early training as to have the management of a large number of cases of this fever. Being associated in the practice of medicine with his preceptor, a physician of large experience and much skill, he had a fine opportunity to acquire a full knowledge of its treatment, being at this time quite young and knowing full well that the eyes of the community were upon him and that his future depended upon his successful treatment of typhus fever.

SYMPTOMS.—This fever makes its attack so gently and regularly that the patient is not aware that he is seriously ill. He feels somewhat indisposed, yet not enough so to take his bed. He is all the time halting between two opinions, to give up, go to bed and send for the doctor, or to brave it out and let nature take its course. The braving out plan rarely succeeds, and the patient, after two or three weeks of hard fighting, finally succumbs, and very reluctantly takes his bed, and sends for a physician. Upon his arrival he finds his patient about half undressed. He has a dread of getting fairly in bed. These patients will often rise, and meeting the doctor with a smile, remark,—

"Doctor, I thought I would send for you this morning, and have you examine me. I don't think there is much the matter, but father thought it best."

"My friend, how long have you been sick?"

"Oh, I don't know, I haven't been sick at all. Neither have I been well for the last two or three weeks."

The doctor finds his pulse running at the rate of one hundred to one hundred and ten pulsations per minute, skin very dry and hard, tongue dry, red, and as slick as a newly peeled onion. In a few days it will crack open and bleed and thicken at the end so much that it is hard for him to articulate without first taking some fluid in his mouth to moisten the tongue and lips. The tongue becomes so dry, thick, and stiff, that it

is difficult to pass it beyond the teeth. (This occurs in no other fever). The patient has very little control of the lips; hence you will find the upper teeth covered with a tough, sticky sediment every morning, and when you attempt to wipe it off, it is hard to move. This the doctors call "sordes," and it is an unfavorable symptom. This fever continues regularly on and on from day to day, and from week to week (hence the name, "continued fever"). We find the pulse firm and hard, the tendons at the wrist unyielding to the fingers, very like a well tuned violin string. The tendons twitch more or less all the time, while awake or sleeping. This twitching is also observed about the mouth and eye-lids—in fact all the muscles are twitching more or less. This is why the disease gets the name of "nervous fever." This twitching is called by the profession "subsultus tendenum." It is not a fatal symptom, neither is the dry, thick, red, cracked, and bleeding tongue considered very dangerous, for all these symptoms are present in every well developed case of typhus fever.

After this fever has advanced to the tenth or twelfth day, more symptoms appear. I will first speak of those which indicate favorable results. The fever is daily decreasing, the pulse getting slower, the swelling leaving the tongue, the patient articulates more distinctly, a little moisture begins to make its appearance along the edges of the tongue. The slick covering of this member now begins to peal as the moisture undermines it, and will, in the course of a day or two, shed off. Now the tongue is of a bright red color, and the natural roughness begins to appear. This indicates that the inflammation of the mucous membrane of the stomach and bowels is subsiding. When all these favorable symptoms begin to appear day after day, we regard the patient as being safe, and with great care and proper diet the convalescence begins.

On the contrary, when the fever becomes higher, the pulse faster, the tongue more swollen, the sordes collecting thicker and faster, the patient begins to mutter and talk in his sleep, becomes delirious, and while awake is all the time picking at the bedclothes, as if he saw motes on them. When he is

nearly asleep he will be feeling constantly up, as if he was trying to reach some object. He lies flat on his back, and when turned on either side will not remain in that position twenty seconds. His legs are all the time stretched out straight, the bowels discharge involuntarily, the stools are thin, watery, of a light clay color, and very fœtid. The patient is continually sliding down in the bed, which indicates great weakness, and is a bad sign. Very few patients recover after these symptoms.

Twenty-four or thirty-six hours before death, the patient acts as if there was some little difficulty in swallowing, and when it comes to that, however slight, I lose hope. In a few hours he will fail to swallow entirely, and spurt the medicine out; but will try again and again, using water or tea with the same result. Often the patient is conscious of the fact, and will remark that it is impossible for him to swallow. I don't remember to have ever seen a patient recover after these symptoms.

Hiccough often sets in, which is not favorable. Now he is approaching the end, he has a vacant stare, the pupils of the eyes are contracted, the skin becomes cool and moist, and this moisture increases until it resembles a profuse perspiration, however it is not perspiration, it is the serum leaving the blood. This prostrates the patient beyond recovery in a very few hours. This is the fever that cannot be cut short. When properly treated its course is modified. It generally runs from two to three weeks, and I have treated a number of cases that lasted four or five weeks.

The treatment of this fever differs widely from all others and consists chiefly in controlling each symptom as it makes its appearance. All the secretions are to be brought into healthy action as soon as possible. You dare not force upon the patient active and powerful remedies, as though you were treating bilious, typhoid, or congestive fever, for the reason that this being an inflammatory fever, it excludes quinine, one of the main drugs which we depend upon with so much confidence to cut short the fevers just mentioned. Neither

can we use calomel with the same freedom in this fever. We have to combine the *allopathic*, *hygeian*, and *hydropathic* treatments, with careful nursing and constant watching. The physician should visit the patient regularly morning and evening to note every change. Many patients who have had a long, tedious case of typhus fever, and to all appearances have passed the crisis and are regarded out of danger, are attacked with an abscess about the small of the back, which is called a "lumbar abscess." This would not be regarded as anything of much consequence if it were to attack anyone in ordinary health, but to make its appearance on a subject whose life has been hanging for weeks by a very feeble thread, indicates that speedy fatal results may be expected. A very few, however, recover, even after this. An abscess of this kind also comes in the glands about the neck. This, in my opinion, is the result of blood poisoning. At this stage of the disease the patient is in an extremely debilitated condition, with very little recuperative power left, and this abscess usually proves the "last straw."

Having given the symptoms of this disease, I will now give the treatment. As there is more or less torpor of the liver in this fever, it is best to bring about a healthy action in that organ. There is nothing that will accomplish that end so certainly and speedily, as calomel, therefore I give the following prescription at my first visit: Take—

Calomel, ten grains.
Dover's Powder, fifteen grains,

Mix. Divide into four powders, give one every four hours. Six hours after the last powder give a full dose of castor oil to work all off, say two tablespoonfuls, and if it fails to produce two or three free evacuations in three or four hours, the oil must be repeated at intervals of three or four hours until the desired effect is obtained. Any other opening medicine may be used, but oil is much the best. Any opening medicine may be assisted with injections of warm water and soap. Then give the following fever mixture: Take—

Tartar Emetic, two grains,
Gum Arabic, one-half ounce,
Water, three ounces.

Mix. Give one teaspoonful every two hours during the day, only. At bed-time give eight grains of Dover's powder. If the patient sleeps this is sufficient for the night; if restless, give a second dose of Dover's powder in three or four hours. Bathe the feet every evening in warm water, as hot as can be used without scalding; to this foot bath may be added a little ground mustard or cooking soda. The patient should be sponged off all over once or twice every day. This is refreshing and cooling and assists greatly in lowering the fever and bringing the pulse down nearer its normal state. With the aid of the fever mixture, perspiration is induced, this is greatly to be desired, being a very favorable symptom, and the longer it is kept up the better. Some people are of the opinion that this protracted perspiration is weakening, forgetting that it is weakening the fever in a much greater degree than the patient. So the fever mixture and sponging during the day, and the Dover's powder at night will, in time, reduce the fever. The pulse will drop down to its normal condition, about seventy-two to eighty pulsations per minute. The tongue becomes soft and pliant and loses that slick dry coat, the bowels begin to operate once or twice a day without the aid of oil or any other opening medicines. At this stage of the disease, it is necessary to administer a diuretic to cleanse the kidneys and urinary organs, for which purpose give the following prescription: Take—

Balsam of Copavia, one-half ounce
Paregoric, one ounce,
Gum Arabic, one ounce,
Syrup Simple, one ounce,
Water, two ounces.

Mix. Take one teaspoonful three times a day, for three or four days. This is to be given regularly three times a day independent of all other remedies that may be given during that time; it interferes with nothing.

With this treatment, you will rarely have any trouble with the bowels becoming constipated or too much diarrhœa. The bowels should act every other day and when they fail to do so, give an injection; and if that fails, some mild vegetable pills should be given, such as Ayer's, Lee's, Brandreth's, or castor oil. Often the bowels can be kept in good condition by proper diet. They should be kept on a strictly bland diet such as sago, tapioca, rice, soup; the juice from almost any kind of good ripe fruit is refreshing and healthful, if used in moderation.

I again repeat that typhus fever cannot be driven from its stronghold by active and strong medicines. Neither can it be dislodged by changing the medicines every day. To succeed in curing this fever the quiet, palliative, watchful system is the only safe mode of treatment. Meet every symptom as it appears and combat it with the proper remedy. For instance, if the patient is constipated, give castor oil. If there is diarrhœa, give eight grains of Dover's powder, thirty-five or forty drops of laudanum, or half an ounce of paregoric, or a grain of opium, and if there is a failure, repeat the dose every two or three hours until the desired effect is obtained. If too hot, sponge and bathe off until cool. If too cold, bathe in hot water, add mustard.

About this time the patient has been sick, very sick two weeks, and still the fever, (as the people call it) is not broken. Now the relatives and friends are daily becoming more and more uneasy, notwithstanding the physician assures them the patient is getting along well. They are skeptical and insist that a consultation be had, and nine times out of ten the consulting physician will insist upon giving strong medicine from the fact that none has as yet been given. Suppose the attending physician yields. The result will be about this. The strong medicine is taken twenty-four hours; next day, when the doctors call, the patient is not so well, so that medicine is set aside and another prescription for some powerful remedy is given. After it has been given twenty-four hours, there is no improvement, more restless, more fever, now the doctors

begin to get nervous. After this the patient gets worse, every day more fever, diarrhœa sets in, delirium makes its appearance,—the strong medicines have been tried and failure is the result.

Another consultation is held and there is nothing to fall back on, except a little whisky or brandy, to be given as long as the patient can swallow. Doubtless if the attending physician had not been interfered with, the patient would have made a good recovery. Too much medicine is by odds much more dangerous than too little. This picture is not overdrawn. I have treated hundreds of typhus fever patients and have been called in consultation in a great many others, and my bedside observations have long ago taught me that this fever must be treated with much caution and as little medicine as is possible to meet any emergency that may arise, and in doing so, use mild remedies such as I have prescribed.

SALIVATION.

IT is not strange that many people have great prejudice against calomel and blue mass for it certainly is a terrible thing to be salivated. The practice of salivating a patient with calomel or blue mass to cure bilious, typhoid, congestive, or typhus fever, was in vogue two hundred years ago. This was before the days of quinine, and when it was discovered that when the patient become salivated the typhoid or any other fever, except the yellow fever, would give way, or, in other words, it was broken, and if the patient happened to get too much calomel he would lose his teeth, but would save his life; this was at that time considered one of the greatest triumphs of the age, and calomel now became the panacea (or remedy) for all this class of diseases.

Dr. Rush, the discoverer of this mode of treatment, was one of the most scientific men of that age. He would withhold the calomel as soon as the first symptom of salivation

made its appearance. He became famous, for he could cure any fever without salivating the patient. The first symptom of salivation is, the patient complains of a very peculiar taste, called the coppery taste; next, the under front teeth become slightly sore, and upon examination the gums appear a little red and are slightly swollen. As soon as these symptoms appeared, the scientific doctor knew that this was the beginning of the mercurial fever which would, in every instance, supersede the fever then existing. Whereas a man without any knowledge of medical science, or especially of the use of this drug. would not know that this was the time to withdraw or discontinue the calomel, hence an overdose, and the result would be an exceedingly sore mouth which required several weeks of careful nursing to relieve. Such empirical treatment of course, rendered calomel very unpopular, notwithstanding a large per cent of the trouble laid at the door of calomel was the mismanagement of quacks and uneducated people.

All of the best and most useful medicines known to the profession have had their ups and downs, their praises and abuses. Calomel has withstood every abuse and contest, for the *drug* is yet to be discovered that will supersede it or its action on the liver. For the last forty years it has been almost entirely abandoned by a large majority of the doctors of the United States. I have made it my study for thirty years to discover some drug or combination of drugs that would take its place. So far I have not succeeded, neither have I learned that any of my numerous scientific colleagues have had any better success than myself. I have experimented with every known cathartic under the most favorable circumstances and the best combinations, none of which ever proved satisfactory when the case was urgent. The reader will understand this pertains to dangerous sickness, and that a dose of calomel should never be given only when absolutely necessary.

TREATMENT FOR SALIVATION.—Take—

Cream of Tartar, two ounces,
Flowers of Sulphur, two ounces.

Mix. Add to this syrup or honey enough to form a soft mass; of this take one teaspoonful three times a day. If this operates on the bowels twice a day the dose is sufficient, if not, the dose should be increased; if it operates too often, take less. This should be continued at least a week or ten days. If the patient can, substitute a Seidlitz powder every morning, to be taken before breakfast. Epsom salts is as good or better than the Seidlitz powders, the taste, however, is very often an objection. The reason I use these remedies is, that they reduce the mercurial fever very rapidly. As a local remedy, wash the mouth every two or three hours with the following prescription. Take—

Sugar of Lead, thirty grains,
Water, one half pint.

Mix. Use as directed above.

Wash the teeth and gums twice a day with white castile soap, and live on light diet.

This simple treatment will cure the mouth in a few days; after this avoid the use of calomel or blue mass pills, for this reason: When a person is once salivated he is ever after much more susceptible of salivation. If it should become necessary at any time to take calomel it should be worked off promptly in five or six hours instead of ten or twelve.

MENSES.

MENSES, the monthly discharge from the uterus, is by some thought to be blood and to a casual observer it looks like blood, but it is not. This is the natural secretion from the uterus, and it differs very materially from blood. First, the color is much darker and it has a muddy appearance; second, it never coagulates or forms clots like blood. You may bottle it up for years and it still remains fluid. The odor is very different being more unpleasant than that of blood.

Menstruation sets in about the thirteenth to the fifteenth year, and occurs every twenty-eight days. This secretion lasts from five to eight days, on an average, and continues about thirty-three years, supposing the woman to be in perfect health all the time, and that she never conceives or becomes pregnant. Many women have painful menstruation—more or less pain before, during, and after these periods. To all who suffer in this way, I recommend the following prescription. Take—

Fluid Extract of Aloes, half an ounce,
Fluid Extract of Canella Bark (white), two ounces,
Syrup of Ginger, two ounces,
Paregoric, one ounce,
Water, one half ounce.

Mix. Commence ten or twelve days before the period, and take one teaspoonful morning, noon, and night, before each meal. This is to be kept up for several months, or until the menses come on without pain. Then leave off taking the medicine. If you find the medicine operates too freely on the bowels, reduce the dose until it only operates once or twice a day. On the other hand, if the medicine should not operate any at all on the bowels, the dose should be increased until it operates once or twice daily. The medicine is not to be used only those ten days, unless you wish to use it as an opening medicine. You can eat, drink and bathe at pleasure while taking the medicine.

Many women menstruate regularly, but not sufficiently, and only for a day or two. This same medicine, taken in the same way, will bring them around freely and in sufficient quantity. Then there are women who do not menstruate regularly. The same medicine will bring them right also. Some are regular, but the flow continues too long. Such a patient must take the same medicine, but in smaller doses, say only half a teaspoonful, once or twice a day, barely enough to act on the bowels once a day. This is a very peculiar medicine and the only one known that regulates the secretions of the uterus either way—when it is too much or

too little. No other medicine acts in this way on any other organ. The theory is this, it puts the uterus in a healthy condition and thus assists nature to take care of itself.

Many young women, after the menses have been coming on regularly for months or years, leave home to learn a trade. The work confines them to the shop or factory and they are thus deprived of a sufficient amount of outdoor exercise. They contract a cold by getting the feet wet, or in some way, and the menstruation becomes less and less until it finally ceases altogether. The patient becomes weak, listless, and pale, and finally her face has a bloated and greenish appearance. She has short breath when ascending a hill or a flight of stairs. Of course she is sick and must quit work when in this condition. To cure this patient give her the same prescription that all the others have had to regulate the menses. Commence with one teaspoonful three times a day, and if it fails to operate freely on the bowels, on the first or second day, double the dose the next day, and if that fails add one more teaspoonful to the dose until you make it operate freely. When it operates freely, then go back to the original dose of one teaspoonful three times a day. There is no danger in this medicine. The patient must take outdoor exercise on foot or horseback, all she can take at first, gradually increasing until health is restored. She must be fed on the best and most nourishing diet, well seasoned, with a glass of sherry wine, porter, or ale, whenever she wishes it, and I will warrant she will regain her health in a few months. The feet must be kept dry and warm. Give her hot baths twice a a week after which rub well with a rough towel until the skin is all aglow.

MIDWIFERY.

IN the management of a woman about to be confined in labor, it is important that the bowels should be kept in good condition; if inclined to become constipated, take some

mild opening medicine every day or two, live on light diet, take moderate exercise. When the labor pains begin, see that the bowels have been evacuated within the last ten or twelve hours, and if not it is advisable to open them with an injection of warm water and soap suds. This is very little trouble, and helps to facilitate the labor; besides, it saves the necessity of having to give opening medicines for the next forty-eight hours after delivery, for after delivery the patient should be kept as quiet as possible, especially if there has been much hemorrhage during, or after the birth. A woman managed in this way seldom needs much dosing of oil, or other opening medicine, and is less liable to have any considerable amount of milk fever, and if the bowels act of their own accord, she may escape without a single dose of any kind of medicine. I have passed dozens of women through delivery in this way without a single dose of medicine for mother or child. The mother should be kept in bed ten days, and of course fed on light diet.

The natural flow from the womb will generally continue about fifteen days, gradually growing less, from day to day, until it ceases entirely. There are some who think this discharge from the womb should be kept going for one month after delivery, and they use all sorts of drugs to keep the discharge running. Not many months ago I caught one of the *knowing*, professional nurses at this practice. The lady that I had attended, innocently inquired of me why it was she had to take so much medicine to keep her flowing so long.

She said, "Doctor, I am weaker now than when you left off your calls." I was greatly surprised to hear this, so I called the nurse in to explain matters. She promptly told me that she had been doing all she could to keep the flow running and up to that time had succeeded finely, but it had stopped a few hours before and she could not start it again; was glad I had come to help her. She gave me a history of the treatment she had been using, and of whom she had obtained her knowledge of the duties of a professional nurse. Of all the absurd notions of doctoring, this, I thought, capped

the climax. I explained to them how very wrong they had done, the nurse for giving the medicine, the lady for taking it. I took the case in hand regularly to undo the mischief, and I feel confident that woman or nurse will never follow that practice again. This is one of the places that nature should have its own way, or nearly so. I know well that if we would let our aim be to assist nature at the proper time, and be careful not to be too officious and impatient it would be far better for mother and child.

LABOR.

THE first symptom of labor pains is more or less pain in the back and some pain in the abdomen. At this time, if you will feel the abdomen you will find it is very hard. These little pains at this time last ten, fifteen, or twenty seconds. As soon as the pain is gone, feel the abdomen again and you will find it soft. These pains go on increasing every fifteen or twenty minutes, growing harder, and lasting longer until the woman will hold her breath and bear her pains down, assisting nature to expel the child from the womb. About this time the doctor, midwife, or friend should make an examination of the parts involved. This examination will reveal that there is something coming down into the vagina, and when the woman is in pain it is elastic, yet firm; as soon as the pain is gone, it is quite loose and flabby. This is what is called the "bag of waters," which protrudes more and more at every labor pain, and finally, after the woman has had from ten to twenty hard pains, this bag of waters breaks suddenly and runs out on the bed (before this occurs, however, you should have a large piece of oil-cloth spread over the mattress, with a sheet over that). After the water has made its escape there is generally quite a lull in the labor. The pains seem to be taking a rest, so that when they start in again they will finish up the labor, which is generally the case.

Now the pains get harder and come more rapidly. Most women say the last pains do not hurt so much as the pains before the breaking of the waters. Very soon there comes a real hard pain, it lasts longer than the preceding ones, and when you would think it was time for it to let up for a moment to let the woman take her breath and get a little rest, another pain sets in; this double pain, as it is termed, expels the child, to the great relief of all present.

The child cries. In a minute or two you tie a strong thread (saddler's silk is the best) tightly around the cord, about three-fourths of an inch from the abdomen of the child. Be careful to feel the cord before you tie the thread, for there is such a thing as a rupture of the child at the moment it cried; that is, the child's bowels have come out and passed one or two inches along the navel cord; this you ascertain by feeling and examining the cord. Should there be a part of the bowels thus protruding, you will find the cord is very much too large, and of course it would be fatal to the child if you should tie up this piece of the bowels, for, in that case, nothing could ever pass the child's bowels. When the cord looks or feels too large, all you have to do is to move your string one, two, or even three inches, so that you are entirely out of all danger of a mistake like this. No harm could come of it if the string was ten inches out. Now tie the cord again, one inch out from the first, and with a pair of scissors cut the cord between the two; the first prevents hemorrhage from the child, the second from the mother.

Remove the child. The next step is to attend to the mother. If you find there is no hemorrhage it is well; wait two or three minutes, and if there are no after pains rub the abdomen all over firmly and constantly until you bring on the pains. You will know when you have succeeded by the woman complaining, and, if she does not complain, you will know by the large hard lump in the lower part of the abdomen; just at this moment, and as long as this lump is hard, you must pull eight pounds on the cord; keeping one hand on this lump, with the other hand making a steady pull on the

cord. The moment you find the lump relaxing and softening, cease to pull. Wait two or three minutes, then rub the abdomen as before. When you feel the lump, again pull the cord as before. This manipulation is to be kept up every few minutes until you succeed in bringing the after-birth away. Now put a strong bandage around the waist, pin it on firmly and tightly. The bandage should not be less than four inches wide. This done, your attention must be given to the child. See that it is washed clean, dress the navel with a piece of old soft linen or muslin cloth well greased, place over this two or three pieces of the same cloth. Now put a bandage around the child, placing the center of the bandage over the navel. The bandage should be three inches wide. After this is placed, dress the child in the usual way. As soon as it is dressed put the child to the breast. The mother may or may not have any milk; this makes no difference, the object is to teach the child to nurse and to draw the nipples out well, before there is much milk in them. Generally there is a little thin milk in the breasts, and if so, it is fortunate. The child draws this out and it acts as an opening medicine for the child, which effectually clears the stomach and bowels. This is nature's medicine, and of course it is better than anything yet known. Put the child to the breast three or four times a day until the milk comes, and the milk fever is all over. The third day after confinement the mother should take some opening medicine, that is, if she needs it. I always recommend castor oil, if I am asked which is best. If there should be anything like childbed fever, you will find the treatment under that head. If the mother fails to give nurse for the child, you will have to resort to the bottle, using the milk from a cow that agrees with the child, concentrated milk, or a wet nurse, which is best if you can procure one.

The reader will understand that what I have described is what we call a natural labor. The midwife gives nature very little assistance. Once in a great while we come across a case of childbirth that is difficult and complicated. The presentation is not natural (the head of the child should always

present), any other presentation than the head is unnatural. The moment this is ascertained the midwife or doctor should call in the most competent assistance to be had, for there is trouble ahead. No one man or woman is able to perform the manual labor alone, notwithstanding he or she may understand the situation perfectly. The work is hard, tedious, and exhausting to the physician. Instruments may have to be used, and no one person should attempt this if it is possible to procure help.

There is a greater difficulty than this. Sometimes the pelvic bones are too small and contracted to admit of the passage of the child's head. When we are fully aware of these facts, there is but one course to pursue by which we can save the life of both mother and child, and that is to perform the Cæsarian section. (Julius Cæsar was delivered in this way, hence its name.) While the woman is in labor we cut down through the walls of the uterus. Now remove the child; then the after-birth; after which, we open the mouth of the womb to allow the fluids to escape in the natural way. The uterus is now neatly stitched, and then the abdominal wound well stitched and drawn together firmly with surgeon's adhesive plaster. Many women have been safely delivered in this way, without the least injury to either the mother or child

My preceptor, Prof. Hugh L. Hodge, of the University of Pennsylvania, delivered one lady there three times, with perfect success, and she and her children were exhibited to the class every winter. When I saw her, she remarked: "To be delivered by the Cæsarian section was much easier than the natural way."

There is another complication that should not be overlooked, and that is this: It appears that the labor is progressing favorably, the head presents as usual, the waters have escaped, the expulsive pains are going on as they should, when suddenly there is a profuse hemorrhage from the womb. We are instantly aware of the trouble and the great danger. The placenta has become detached, the large blood vessels which have all these nine months furnished the child blood for its

circulation, is now flowing from the woman. Of course she soon becomes exhausted and faints, then the expulsion pains cease, the flowing continues; unfortunately the woman dies before the forceps can be used, the hemorrhage being too great. Then, by all means, the Cæsarian section should be performed immediately after the death of the mother. Many children have been saved by prompt action at this time. After the child is extracted, its lungs should be inflated by the midwife applying her mouth to that of the child, and blowing the lungs full; then press the air out, and keep this up for ten or fifteen minutes. By this time the circulation will be restored, and the life of the child saved.

BLUE DISEASE.

THERE are many children born before the heart is fully developed. During gestation, and while the fœtus is in utero, the fœtal circulation passes directly through the partition in the heart through a hole called the foramen ovale. The moment the child is born, the circulation is entirely changed, and instead of the blood passing through the hole in the partition, it is sent to the right side of the heart, thence to the lungs (which up to this time have lain inactive) to receive oxygen. In order to make this change, the foramen ovale is permanently closed On the other hand, if it is not closed, the blood will pass into the left side of the heart, thence into the great arteries which send the blood out into all the extremities.

The blood thus put into circulation having failed to have passed through the lungs lacks oxygen, so instead of the child at this moment having a red, florid appearance, it has a dark, livid, blue look. The latter being the case, you have no time to lose. The child must be turned on its right side, elevating its head and shoulders four or five inches; it must be kept in this position until it assumes the natural color, other-

wise death would follow in a very few moments. This trouble rarely occurs except in children born prematurely. The position of the child is the only remedy for this trouble. A few hours may be sufficient for the closing of the opening, but the position must be continued so long as the child becomes blue when turned on its left side, if it takes days, or even weeks.

PUERPERAL FEVER OR CHILDBED FEVER.

THIS is the next fever in order. It is a very dangerous, rapid fever and requires to be treated with promptness and energy. It occurs four or five days after the birth of the child, sometimes as late as the tenth day, but not often. It generally sets in not many hours after the milk fever has subsided. It is ushered in by a very severe chill lasting from half an hour to an hour. The patient feels cold and hot at the same time, with a good deal of thirst and more or less pain in the abdomen which you will find is more or less distended and quite tender to the touch. Lay your hand firmly on the abdomen and with the other hand tap the fingers slightly and you will perceive that the sound is drummy. This indicates that there is gas in the abdomen which plainly tells that there is much soreness and inflammation of the bowels. (When I say inflammation I do not mean mortification, only soreness.) If this fever and inflammation last forty-eight hours the inflammation will run into mortification and mortification means death. This state of affairs says to you plainly that you must act promptly and effectually. Your remedies must succeed at once or your patient will die.

This disease will not allow you time to change your medicine from day to day. To reduce this inflammation you have but one course to pursue. I will give you one case that occurred in my practice many years ago.

I was called to see a Mrs. Davis fifteen miles from where I lived; two young doctors were attending her. I examined

the patient carefully, and found all the distressing symptoms attending childbed fever. She was also suffering from diarrhœa or frequent thin watery operations from the bowels with severe griping pains at each stool. The young doctors and I retired to hold our consultation. I learned from them all that had been done. The next thing for me to do was to suggest some new course of treatment by which we would relieve and cure the patient. My suggestion was to give the following prescription: Take—

Calomel, eighteen grains,
Dover's Powder, eighteen grains,

Mix. Divide in three powders. Give one powder every four hours until all are taken, four hours after the last powder give one tablespoonful of castor oil and repeat that dose every two hours until the bowels are freely evacuated.

The young doctors exclaimed—

"Great God, doctor, that will kill her! her bowels are working off too freely now!" My answer to that was—

"Gentlemen, you say your patient is going to die and you have no hope for her recovery, you sent for me to hold this consultation. I have given you my opinion now I am ready to leave."

"Oh! no, doctor, you must stay and help us out."

"I should like to know how I can HELP YOU out, when you refuse to adopt my suggestion?"

"Doctor, we will adopt your suggestions if you will cut your doses down one-half."

"No, not one grain, well, now I must go.

"No, doctor, please give us the *modus operandi,* or how this big dose of calomel and Dover's powders is to relieve and cure the patient."

"In the first place your patient is very bilious. She has a very hot fever. Her pulse is running at the rate of 120 pulsations to the minute, with great inflammation of the peritoneum (a membrane which covers the internal surface of the abdomen), these dangerous symptoms must be relieved within twenty-four hours or she will die. If you will adopt my plan

I will take all the responsibility. If the patient recovers, it is well. On the other hand, if she dies, I will upon the honor of a gentleman tell the husband and mother that I killed the patient and that you had no hand in it."

They consented with this understanding. I gave the three powders with instructions that I should be called before the time came to give the oil. (I remained during the night.) To my delight I found that the powders had worked themselves off freely and there was no necessity for the oil. The evacuations from the bowels were dark, thick, bilious, and copious. The patient rested well during the night and had no pain after the first powder. The fever dropped down and she had gentle perspiration all night. No soreness now in the bowels or elsewhere. No puffed up and drummy abdomen—pulse eighty. She felt better, looked cheerful and bright, and took a little tea and toast with relish. I remained until ten o'clock A. M., at which time the doctors came. I asked them to go in and see their patient. In a few moments they came out with bright, smiling faces. I said—

"What do you think of her this morning?"

"Much better, doctor, you beat us guessing this time."

"Guessing, indeed! I don't guess at my work. I understand my business too well to have to guess at anything, and if that is what you depend upon, my advice to you is to quit the practice of medicine."

Then I said—

"What do you propose to do for her this morning."

Each of them wrote out a long prescription. I read them and rejected both with these remarks—

"Gentlemen, your patient is cured now and that puts an end to the treatment. I don't intend to give another dose of medicine. Neither will I allow you to give one. Last afternoon you gave the patient over to me. I then shouldered all the responsibility. Now if I should turn this patient back to you, you would not let well enough alone, but you would continue to drench her with nauseating drugs until you would create some other trouble, such as diarrhœa, dysentery, or in-

flammation of the stomach and bowels, and then she might die. And if the death was two or three weeks off you would go back and place the blame on that big dose of calomel and Dover's powder. No, not another grain of medicine. I turn this patient over to her nurse, with the instruction that she is to be kept on a light diet for forty-eight hours, at which time I will visit her again."

Two days after I made that visit and found her getting along finely. This is one of the practical lessons and there is no "*guessing*" at what cured the patient.

The great error that nearly all the doctors fall into is, they are too apt to continue to dose their patients after they are well. They either do not know when to discontinue the treatment or they purposely continue their visits and prescriptions for the little paltry sum of money there is in it. Such doctors should be shunned as you would a viper. I would prefer to take my chances for recovery on tea and toast and warm and cold water baths, with a little senna tea as an opening medicine.

The rapidity with which doctors are manufactured nowadays is fearful. They are ground through even before they have the time to learn the great responsibility they are taking. They write prescription after prescription with as much ease as if it were an order for a bill of groceries. At the next visit find the patient worse or no better, another change of medicine, and so on to his death. The extent of their thoughts seems to be, "What shall I change to to-day?" They soon hatch up something. Then they are easy for the day. In reality they hardly know what is the matter. Much less what remedy will *cure* the disease.

You must not think that this is the only remedy that I use in puerperal fever. Doubtless if I had been at the delivery of the child, I would have given such medicine and directions as would have obviated all the trouble that this woman passed through and recovered from. I am proud to say that I have delivered a great many hundred women, not one of whom ever ran into childbed fever. My practice is to pre-

pare the woman for the event beforehand and give proper treatment after. When I get on the delivery of a child and afterbirth I will give the entire treatment and management.

After I have delivered a woman of a child I visit her every day for four or five days. By this time the milk fever has come and gone. After this I watch my patient very closely, and if I discover the least indication that there is danger, I administer the medicine that is calculated to cure childbed fever. If the fever is coming I have a fair start with it, and if it is not, I have only given my patient a good physic. When I give in this way, treatment in advance, I give only about half of the dose of calomel and Dover's powder, and work off as usual, preferring oil if the patient can take it. The same fever mixture that is good in bilious fever is good in this case, and Dover's powder at bed-time to secure rest, sleep and perspiration. Very little treatment is required after this except to keep the patient on light diet and see that the bowels operate once a day.

HEMORRHAGE.

THERE are many kinds of hemorrhage. I will write of the most common, which are liable to occur at any time The most common hemorrhage is that of the nose, which occurs very often in children. Grown people are not entirely exempt from it. This kind of hemorrhage requires very little treatment. Wash the face and hands in cold water and wet the back of the neck a few times and the hemorrhage ceases. Now and then you will meet with a young person who bleeds from the nose every few days, quite profusely. If this continues several weeks or months, the patient begins to look languid and pale, grows very weak and of course loses his energy. This constant drain is sapping his life away. His brain weakens and that weakens his nerves. His digestive organs are weak. His blood becomes thin and pale, and is

deprived of the red globules that make the cheeks red. Any little exertion, especially if the day is warm, starts the hemorrhage.

TREATMENT.—Keep the patient in the house and away from any violent exercise. He must be kept on a good wholesome diet, with the following prescription: Take—

Quinine (sixty grains), one drachm,
Pepsin (one hundred and twenty), two drachms,
Syrup of Ginger, two ounces,
Water, four ounces.

Mix. Give one teaspoonful three or four times a day. Quinine in this way is a good tonic. It will increase the appetite and the pepsin will promote the digestion, and the consequence will be that the patient will increase in flesh, the blood will become rich with the red globules, the mucous membrane in the nose will become toughened, the hemorrhage will cease, and the patient is cured. But he should refrain from violent exercise for ten or twelve months.

Hemorrhage from the stomach is of frequent occurrence. The patient vomits the blood directly from the stomach. This blood is of a brown color, and often a little of it clotted. If you notice closely you will find mixed with the blood some of the contents of the stomach. The patient seems to raise the blood quite easily, and when he vomits does not appear to be very sick and has very little cough. You can hardly mistake this hemorrhage for that of the lungs. Hemorrhage of the lungs is always attended with a great deal of coughing, and the blood is of a light color, more or less frothy. These hemorrhages often prove fatal in a short time, hence the necessity of being competent to arrest them immediately. You may live but a short distance from your family physician. You send for him but he is not at his office or residence. You seek some other doctor only a few steps away. He also is absent, and so on until you have lost an hour or two. You finally succeed in finding a doctor, and he gets to the patient just in time to see him draw his last breath. This is not an overdrawn picture, and any doctor

who has had a few years of experience, will tell you it is true.

In the first few pages of this book you will find that I advise you to keep sugar of lead in the house. Now you will see of what vast importance and worth it has been, when you find that you have suppressed a frightful, if not fatal hemorrhage in twenty or thirty minutes by the prompt administration of a few grains of it. The dose is not particular. You may give five, ten, fifteen, or twenty grains of sugar of lead every fifteen minutes until you have given sixty or seventy grains of it if the hemorrhage is very severe. Give each dose in two tablespoonfuls of cold water with a little sugar. Between some of the doses of lead give half a teaspoonful of table salt in a wine glass of cold water. This arrests hemorrhage from the stomach or the lungs, and is the treatment to be resorted to in either case.

Now some may say I had just as lief die from the hemorrhage as from the poison of sugar of lead. In one sense of the word it is not a poison. The long continued use of it in small doses, say one or two grains three times a day, will finally produce lead or painter's colic. Painters often have colic. How does it come? I will answer that question for you. It is produced simply from the absorption of the lead in the paint. The more he daubs the paint on his hands and arms, and the longer he lets it remain, the greater the absorption and the sooner lead colic is produced.

And after all suppose you have taken lead enough to poison you or produce lead colic, you only have to administer the proper antidote, or remedy, and in a very short time you are well again with no ill effects or harm to the constitution. Not so with the other deadly poisons, such as opium, morphine, arsenic, corrosive sublimate, strychnine, nitrate of silver or lunar caustic, belladonna, prussic acid, sulphuric acid, nitric acid, muriatic acid, and many others. These poisons are so rapid in their action, that the fatal effects are produced before you can supersede them with an antidote. Not so with sugar of lead, for it only acts as an astringent. An astringent only tightens up the muscles, mucous surfaces, etc.

Hence its curative powers in arresting hemorrhage. The entire muscular system is tightened, and that stops the blood from flowing. The muscles in the bowels are very small and delicate. They come in for a share of the astringent effect of the sugar of lead, and it takes but little tension to make them painful. About this time the bowels are more or less constipated; so with the constipation and the astringent effect on the muscles, the patient is in a good deal of pain, and this is lead colic. The sugar of lead has stopped the hemorrhage, and the life of the patient is saved.

Now in case you have colic this is easily managed. Give the following prescription and your patient will be well in less than forty-eight hours: Take—

Calomel, twenty grains,
Dover's Powder, twenty grains.

Mix. Divide into three powders. Give one powder every four hours until all are taken. Six hours after the last powder, give two or three tablespoonfuls of castor-oil with ten drops of spirits of turpentine in each dose. Repeat the oil and turpentine every three or four hours until the calomel is worked off. If necessary assist the oil with injections of warm water and soap.

HEMORRHAGE OF THE UTERUS.

THIS is of frequent occurrence, and there are many causes that bring it on. It often occurs spontaneously and sometimes it sets in immediately after the menses or monthly sickness. It is brought on in delicate, languid women from too much exercise and excitement, such as is found in the ball-room or skating rink, also from any sudden startling news, whether good or bad. Abortions and miscarriages are often the cause of frightful hemorrhages. This flowing from the womb cannot be mistaken for any other hemorrhage. It is rarely attended with much pain, frequently none whatever. The treatment depends entirely upon the cause.

Spontaneous hemorrhage from the uterus is often confounded with and mistaken for the menses. The menses only occur once in twenty-eight days, the same as the lunar month, while the spontaneous hemorrhage may come at any time. The trouble in the majority of cases is, the woman does not know how to distinguish the one from the other. The menstrual discharge is of a dark muddy color, and the secretion is all absorbed. Look as carefully as you can and you will never find a single clot of blood. Spontaneous hemorrhage is of a bright red color (when fresh) and invariably forms clots on the napkin. Of course it is more or less weakening to lose so much blood, and to such patients I give the following prescription to strengthen and give tone to the uterus, and the trouble is soon over: Take—

Fluid Extract Canella Bark (white), three ounces,
Fluid Extract Aloes, one-fourth of an ounce,
Paregoric, one ounce,
Syrup or Sugar, one ounce,
Syrup of Ginger, one ounce.

Mix. Give one teaspoonful three or four times a day until the patient is regulated. The uterus is now strong and not subject to spontaneous hemorrhage.

After an abortion there is often considerable hemorrhage. The patient must be placed in a recumbent position, and kept so until it is checked. Apply cloths wrung out of cold water over the region of the uterus, and as soon as it becomes warm remove and apply cold ones. Give ten or fifteen grains of sugar of lead every two hours until you have given three doses. This treatment will arrest hemorrhage from the womb or uterus in almost every instance. The patient should have a stout bandage drawn tightly around the waist, the same as it is used after childbirth. But all this sometimes fails to stop the homorrhage, and in extreme cases extreme measures must be used. We use the tampon, that is, we introduce a speculum into the vagina and by the help of this instrument we are enabled to look directly into the mouth of the womb. Now we take small bits of soft linen or cotton rags, about

two inches square, place them at the mouth of the womb, and with the aid of a No. 8 or 10 catheter you pack the mouth and neck of the womb full. Thus you arrest the hemorrhage by main force. You must allow this packing to remain some twenty-four or thirty-six hours. Then the packing is easily removed with a pair of long-handled forceps made for the purpose. Often, in very extreme cases, when I could not conveniently use the tampon, I have used ice. I introduce into the vagina lumps of ice, two or three inches long and one in diameter. Be careful to pare off the rough ends and sharp corners, and as soon as one melts introduce another every five or ten minutes. The cold ice chills the neck and the mouth of the uterus so much that clots of blood are formed in the womb which effectually plug the mouth and neck, and the hemorrhage is permanently arrested. The patient should now be kept in bed two or three days and fed on light diet. The clots of blood will come away in due time without any assistance.

Hemorrhage after a miscarriage is treated the same as an abortion. The term abortion means that the child comes away before quickening or life is felt. Miscarriage is any time after quickening up to within fifteen days of the nine months.

Hemorrhage very often occurs after regular childbirth. When a child is born naturally there is very little hemorrhage, but if the placenta or afterbirth should be partially torn from the wall of the womb, and at the same time the womb should be relaxed, the hemorrhage is frightful. The way to suppress this kind of hemorrhage is to excite the contractions of the womb by rubbing the abdomen firmly over the womb. This brings on expulsion pains, labor pains. Now the womb is contracted and hard. Just at this moment, while the womb is hard, you should give the womb your assistance by pulling on the navel cord. Pull from five to eight pounds very steadily as long as you feel the womb hard and contracted. The moment you find the womb is relaxing you must not pull another ounce. Again rub firmly over the womb to ex-

cite the expulsive pains as soon as possible; for when the womb is relaxed the hemorrhage is flowing at a rapid rate, hence the necessity of being in a hurry. Now, as soon as the pains and contractions come on, take hold of the cord and pull steadily as long as the womb is hard. Be sure to pull eight pounds. If you will take a small pair of hand scales and pull on the hook you will very soon accustom yourself to know about how hard to pull. There is no danger of using this much force when the womb is contracted and hard. I generally succeed in extracting the afterbirth at the first trial. After the placenta has come away rub firmly over the region of the womb. This is to make the womb contract firmly; then put on a stout bandage very tight. Keep the patient in bed for a week. Give some opening medicine every two or three days, if it is needed, and feed on a light diet.

MILK LEG.

THIS disease occurs only after childbirth. There are many theories and opinions among doctors as to the cause of this trouble, and to this day the precise cause is not definitely known. Its name would imply that the milk from the woman's breasts had found its way down to the leg and lodged in the cellular tissue, and the color of the limb would also lead the uneducated in medical lore to believe it is filled with milk, for it is so very white it looks like bleached wax. The thigh, leg, and foot, are very much swollen; the skin is distended to such an extent it fairly shines. On pressure with the finger you will find the limb very elastic. There is no pain but the limb has a dull, heavy feeling and there is more or less fever for a few days only. This disease occurs in either leg, but never in both legs at once.

TREATMENT.—It is necessary to put all the secretions in good working order and first of all the liver. Give ten grains

of calomel and eight grains of Dover's powder combined, at bed-time. The following morning work off with any mild opening medicine. This usually puts the stomach, liver, and bowels in good, healthy action. Keep the bowels open by taking a dose of senna and Epsom salts, or cream of tartar and jalap combined in equal portions. Take a teaspoonful before breakfast every other morning, or one or two teaspoonfuls of the following prescription: Take—

Fluid Extract of Aloes, one-half ounce,
Fluid Extract of Canella Bark, two ounces,
Paregoric, one ounce,
Simple Syrup, two ounces.

Mix. Take one or two teaspoonfuls every other morning. Sponge the limb off freely with alcohol twice a day. Give a good lively rubbing at each time with a coarse towel. After the fever disappears the patient should be put on a good generous diet. It is important that the kidneys should be acted upon freely. When it is found that the urine is scant, high colored, and thick with reddish sediment, after standing in the chamber for a few hours, give the following prescription two or three days: Take—

Balsam Copavia, one-half ounce,
Fluid Extract of Uva Ursi, one-half ounce,
Paregoric, one ounce,
Gum Arabic, one-half ounce,
Simple Syrup, two ounces,
Water, one ounce.

Mix. Take one teaspoonful three times each day. Be careful to keep the bowels open every other day. This disease is not dangerous but it should be treated carefully and diligently and the patient will recover. The cure is always slow. No amount of active treatment can bring about a speedy recovery. Any attempt of this kind would more than likely result unfavorably.

TEETHING CHILDREN.

MOST children get their teeth without any trouble worth mentioning, while others have a hard time until the last milk tooth is through; these will have more or less fever, often diarrhœa, resembling summer complaint in children, and in many instances convulsions. Upon examining the gums we find them red, swollen, and sometimes of a purple or blood-shot appearance, flat instead of sharp; the gums thus swollen are out of reach of the teeth; it is impossible for them to cut their way through. When this is the case the remedy is, lance the gums freely immediately over each tooth. The little sufferer is almost immediately relieved and in a day or two the teeth will make their appearance. (Of course the reader will understand that all children cut a few teeth at a time, and after a while cut a few more, and in this way get the milk teeth.) All the trouble disappears until the next two or four are coming through. If they give trouble the same operation will have to be resorted to. Very little medicine is needed in these cases. When the cause is removed nature takes care of itself.

SUMMER COMPLAINT OF CHILDREN.

THERE are but few mothers in this country who are not familiar with this troublesome and often dangerous disease. The first symptoms are vomiting and purging. This is nothing more nor less than cholera infantum. At this time the contents of the stomach and bowels are in a very unhealthy condition. Nature is now making a great effort to relieve itself, and in many instances it succeeds.

Children are never attacked with this disease when all the secretions are in good order. The first thing to ascertain is which one is at fault? Ninety-nine times in a hundred you

will find it to be the liver. A torpid liver. It behooves the doctor to cut this disease short, which can be done with absolute certainty if the proper remedies are used. I never have any trouble with these little patients, when I can get an even start with the disease. As I said before, the first symptom is vomiting. As soon as the child ceases to vomit give one grain of calomel and two grains of Dover's powder. This dose is for children between three and twelve months of age; if over one year old, two grains of calomel and two and a half or three grains of Dover's powder. This dose is to be repeated every four hours, until the child has taken three powders. Eight hours after the last powder give one or two teaspoonfuls of castor-oil (fresh) to work all off. Repeat the oil every three or four hours until you succeed in bringing away full evacuations—say two or three. If you wish to assist with injections of warm water and soap, you can do so. After this give one or two grains of Dover's powder every three or four hours, if needed, to restrain the bowels. You will not often need this. You will now find that the evacuations from the bowels are more or less dark, green, yellow, and bilious. You need not check them with the Dover's powder unless you think they are griping the child too much. My experience is that Dover's powder is the best form in which opium can be given to an infant. Paregoric is good provided you can get it of uniform strength. Now you are to guard against acidity of the stomach. To prevent this give calcined magnesia or lime water. The dose of magnesia for an infant under a year is three to five grains given three times a day. For older children increase the dose, adding a half grain for each year. There is no danger in the dose. Be sure to give enough. Half to a teaspoonful of lime water is about the usual dose for an infant, given in breast or cow's milk.

We will now suppose the above treatment has cured the child perfectly and it has perfect health. Ten days, one month, or three months thereafter all at once you find the child is taken sick in the same way as at first. You feel dis-

couraged and begin to think and study over everything pro and con and finally you can think of no other remedy or course of treatment equal to the course you pursued in the first attack. You reluctantly begin your treatment as at first —follow it up and all the way through, finally the patient gets thoroughly well and, what is better, remains so.

While sitting at the bedside holding the life of the child as it were in my hand and recognizing the great responsibility that rests upon me, I could not conscientiously prescribe other than the best and most reliable scientific treatment known to the profession. When you find certain remedies cure certain diseases, you need not hunt for a more reliable, safe, certain, or quick cure, but use the same treatment every time and on every patient.

CONVULSIONS.

MANY children are subject to convulsions on slight cause, such as too much indigestible substances in the stomach and bowels. Worms is another very common cause, especially in children who live in the Southern States. A severe attack of fever will often throw a child into convulsions. No age is exempt from this disease. Hard drink will bring it on. Derangement of the secretions from the womb is often the cause, especially the suppression of the monthly sickness. Pregnancy is often the cause, and when this is the case, it occurs at or about quickening time, or when life is felt.

One of the most severe and longest cases of convulsions that I ever saw or read of occurred in my practice about thirty-five years ago. Mrs. Polk, aged twenty-two years, had been married about twelve months. Four months and a half after conception she was taken with a convulsion. A young doctor was called to attend her, and administered many remedies. He took sixteen ounces of blood from the arm, gave hot baths often; also large and repeated doses of laudanum and

morphine, and active cathartic medicines, all to no purpose, for she continued to have a convulsion every four hours with great regularity during five days and a half. Then it was that I was called. I arrived just in time to witness a very severe convulsion. The patient became so rigid that I could not bend an arm or leg. She frothed at the mouth, chewed her tongue, became livid in the face, and for a short time respiration was suspended. This was indeed a fearful sight. Finally she caught a full breath. Then she began to relax, and in the course of fifteen minutes the paroxysm was over and she returned to consciousness. As this had been kept up regularly every four hours for five days and a half, this was the twenty-third convulsion. One hour before the time for the next one, I began the administration of an emetic as follows: Take—

Six grains of Tartar Emetic,
Sixty grains of Ipecac,
Ten tablespoonfuls of warm water.

Mix. I gave two tablespoonfuls, then one tablespoonful every ten minutes and in forty minutes she commenced to vomit, and when the time came for the convulsion she was so sick and so thoroughly relaxed that her muscles could not become rigid, therefore she escaped the convulsion. This was the entire treatment. The patient recovered rapidly, and at the end of the nine months was delivered of a fine, healthy child, that grew to womanhood.

Just two years from that time Mrs. Polk was in precisely the same condition, when the convulsions again came in full force. I was called. She had had two before I arrived. I immediately gave the same emetic, and she never had another convulsion, notwithstanding she afterwards had four other children, all of which lived and were healthy.

I could give several hundred cases of convulsions that I have cured with this emetic, but will only give one more because it was remarkable. This was a child only four months old in Marysville, California. I could hardly believe the mother when she told me the child had a convulsion every

day about 1 o'clock P. M. She said it would nurse at 1, go to sleep, and in ten or fifteen minutes it would have a convulsion. I called at half after 12, and about 1 o'clock the mother nursed the child. It had every appearance of health. After nursing it fell into a sound sleep, and in less than fifteen minutes the convulsion came on strong. The mother had noticed these convulsive symptoms very soon after the birth of the child. Several of the Marysville physicians had been called to see the child, but none of them had prescribed for it. Having no fear of prescribing an emetic, I waited until next day, 12 o'clock. I then gave the emetic of tartar emetic and ipecac. The first trial kept off the convulsion for four days in succession. I gave the emetic at 12 o'clock, which ended the treatment and the convulsions. The theory is, that tartar emetic relaxes the nervous system so thoroughly that the muscles cannot become rigid. For forty years I have used this one remedy without any other prescription except some mild opening medicine, and have never seen it fail, except when the patient was already in a dying condition.

THRUSH.

THIS is a disease peculiar to infants. It makes its appearance within the first eight or ten days after birth. It is known by the little white blisters on the tongue, and all over the inside of the mouth. These blisters are sometimes very sore, so much so that the child will not nurse although hungry. Give castor-oil to keep the bowels in good order if needed. The dose is one small teaspoonful every day. If the first dose fails to operate repeat the dose every three or four hours. Wash the mouth with the following prescription: Take—

Calomel, four grains,
Lime Water, four ounces.

Mix. Swab the mouth out freely three or four times a day. This application is painless. There are many other applications used for this trouble, but this is about the best.

WHOOPING-COUGH.

WHEN you find your children have whooping-cough give them the following prescription. Take—

Salts of Tartar, one drachm,
Paregoric, half an ounce,
Honey or Syrup, one ounce,
Water, four ounces,
Syrup of Tolu, half an ounce.

Mix. Give an infant six, eight, or twelve months old fifteen or twenty drops, five or six times a day; two years old, half a teaspoonful four or five times a day; five, six, or ten years of age, the dose is one teaspoonful four or five times a day. This cough cannot be cut short, but this treatment will keep the patient in good condition and the cough will be shortened very materially. Of course the patient's bowels should be kept in good condition.

CROUP.

THIS disease is so common that but little is required to be said of the symptoms. Nearly every mother is familiar with the croupy cough of children. The child coughs and when partially out of breath sucks in the air, thus producing a kind of hoarse sound. Anyone who has ever heard this peculiar cough, will recollect and recognize it at once. I have treated a great many cases of croup and have been more fortunate than most doctors, for I have never lost a case. I never witnessed but one death from croup in all my practice, and that was the patient of another physician, I being called in consultation only half an hour before the child expired. Some children are very liable to croup, while others never have a symptom of it. The stout and healthy are more liable to be taken with croup than the puny, sickly, or

weakly. Croup is a very dangerous disease, and if neglected any length of time, the case grows rapidly worse. Two or three hours' delay is often fatal. All ages are subject to this disease, though it is seldom found above the age of eight or ten years. I saw one patient in the Blockley Hospital, Philadelphia, sixty years of age. Dr. Gibson performed the operation of tracheotomy, that is, he cut a hole in the Adam's apple and inserted a silver tube into the windpipe, so that the man could take air into the lungs, the upper end of the windpipe being closed with phlegm. The operation did no good. The patient died one hour after the operation.

I was called to see Martha (a servant of a friend of mine), twenty-two years of age, and found she had been suffering from a bad case of croup about ten hours. I immediately gave her an emetic. The emetic did not operate. I repeated the dose, but it failed also. My patient grew worse. I had given about sixty or eighty grains of ipecac and eight grains of tartar emetic. I gave large draughts of warm water, and mustard and water. I ran a turkey wing feather down the throat (the feather end), all to no purpose. I was now becoming desperate. I had one remedy left, that was sulphate of zinc (white vitriol), this being a very powerful emetic and at the same time very dangerous from the corroding effect it has on the coatings of the stomach. I hesitated as long as I thought it prudent. Finally the patient was about to lose her breath, and I gave her five grains of white vitriol in a half teacupful of warm water. This vomited her half a dozen times, clearing out the contents of the stomach, and with it out came all the phlegm that had caused the trouble. The patient was entirely relieved in less than an hour. I have carried a dozen or more grains of zinc in my pocket for the last forty years, for such cases as this one I have just given. Never again have I been driven to the necessity of using it.

The next case of croup I was called to see was two miles in the country, and a child one year old. This case was reported to me as being extremely ill. Of course there was

over one hour of time lost before the messenger could reach me and I reach the patient. I finally arrived at the place and found the patient—a fine-looking, fat baby—entirely relieved. I made inquiry as to how the child was relieved, first having the old lady who had administered to the child describe to me the symptoms of the disease. She described the croup symptoms as perfectly as any doctor could. Now I was anxious to learn what remedies she had used, and how. She said to me that she had cured a good many cases of croup. I remarked to her: "I see you have cured this case in less than two hours. You did much better than I could, and I am pleased to find the child well." "Well, Doctor, I gave the child one teaspoonful of sweet-oil every five minutes, until it vomited, and then I concluded to wait until you arrived. Now you must do what you think best for him." "Madam, you have taught me a lesson this morning that is worth thousands to me. You have cured the child, and when I find a patient doing well, I always let well enough alone."

"Doctor, are you not going to give the child some medicine?"

"No, madam, not for the world. If I should give that child medicine and it should get sick and grow worse, I would blame myself. Madam, how many cases of croup have you ever cured?"

"I can't recollect exactly, but a good many."

"Do you use any other remedies after you have vomited the child?"

"Oh, no, unless it coughs too much. If it does, I give a little sweet-oil, now and then, and sometimes I give it honey and candy. That is all, Doctor."

"Madam, did you ever see a child die with croup?"

"No, Doctor, not unless the child had almost choked to death before I had time to give the oil."

I was careful to visit the child two or three days. There was no return of the croup. I then explained why and how the sweet-oil could bring about such a speedy cure. The oil loosened the phlegm and when the vomiting threw it all out,

that ended the trouble. The oil in the throat prevented any accumulation of phlegm for the time and the patient was cured.

Patients are attacked almost instantly with croup, the thickening of the phlegm in the upper end of the windpipe acting mechanically to close it up, so that the child cannot get breath. Of course when this occurs, the patient dies. When the obstruction is removed the little sufferer is, as it were, snatched out of the jaws of death. There being no constitutional disarrangement, there is no further necessity for medicine. It is now only necessary to keep the patient in pleasant apartments and you will rarely ever have any return of the disease.

WORMS IN CHILDREN.

WHEN worms exist in a child's stomach or bowels, he will appear somewhat bloated about the eyes and upper lip, especially the latter. When asleep he grits his teeth. He will have frequent pain about the navel, and you will find him constantly picking the nose. These are the symptoms. Where there are ascaris lumbricoides, commonly called stomach, long, red and round worms, they sometimes produce death. A *post-mortem* examination will show that there are many hundreds of these big long worms scattered all through the alimentary canal, from the mouth to the anus. Death is produced by their crawling up the swallow and descending the trachea, or windpipe, thus choking the child to death.

Another kind of worms that give children much trouble and annoyance, is the thread worm, known by the name of ascarides, or pin worm. They are a little white worm about three-fourths or an inch long, and about the size of a coarse cotton sewing thread. Although very numerous, they never produce death. They only exist in the lower portion of the bowels, and particularly in the rectum (the lower twelve or fifteen inches of the bowels). Their presence is known from

the intolerable itching they produce about the anus, especially when the patient retires at night.

Treatment for the large red worms. Take—

Calomel, ten grains,
Pulverized Aloes, four grains,
Dover's Powder, six grains.

Mix. Divide into two powders, and give one powder at 8 o'clock P. M., and the second at 12 o'clock the same evening. Next morning about 7 or 8 o'clock give two tablespoonfuls of castor-oil. In half an hour give fifteen drops of spirits of turpentine, dropped on a little sugar. The oil and turpentine must be repeated every three or four hours until you produce three or four *full* operations from the bowels. One operation of this kind will generally clear out the last worm. If, however, there are a few left, wait ten days, then give half of the calomel prescription and work off with the same quantity of oil and spirits of turpentine. If the patient is troubled with tape-worm the treatment is the same.

Chinaroot tea is also an excellent remedy for all kinds of worms. The China tree grows in all the Southern States. The tree is also known by the name, "Pride of India." Make a tea of the bark of the root. An ounce of the bark will make a pint of tea. Boil for fifteen minutes and the tea will look quite red. Dose for a child two or three years old, one or two tablespoonfuls three times a day, taken cold with sugar. Continue this treatment five or six days. Then work off with castor-oil and spirits of turpentine, as if calomel had been given. Of course the dose must be increased according to age. A grown person need not take more than four tablespoonfuls three times a day, followed with oil and turpentine the same as the child only in larger doses.

PROLAPSUS ANI, OR FALLING OF THE RECTUM.

THIS disease is brought on from excessive diarrhœa, and rarely occurs except in children. It is generally brought on by too free indulgence in eating unripe fruit. The child is first attacked with diarrhœa, and after the bowels are entirely empty, the disposition to go to stool still remains. Straining and bearing down occurs, and the muscles of the anus being relaxed, one, two, or three inches of the rectum, or lower portion of the bowels, protrude. Now the muscle around the anus contracts, and the portion of the bowel that is outside swells and becomes dry, and every time the child goes to stool it increases the length, and renders its reduction, or putting back, more and more difficult. Being thus exposed to the air it brings on inflammation, which will in a very short time prove of serious consequence; therefore its reduction should be accomplished as soon as possible. The reduction is simple and easily accomplished, with very little pain.

Lay the patient on his back, put a large pillow under his hips, an assistant will keep the feet and legs perpendicular. Now with sweet-oil, lard, or soap, grease or soap the parts freely. The operator will also grease his two forefingers and thumb. Take hold of the protruding bowel as if you were trying to press out the blood from it. Now press the bowel gently and firmly, gradually increasing the pressure, and in about thirty or forty seconds the bowel will slip back to its place. In order to avoid a re-occurence of this trouble the patient should be given a full dose of paregoric or any other mild preparation of opium (not morphine). Repeat the dose every eight or ten hours to prevent the operation of the bowels for forty-eight hours. Two days after the operation give a moderate dose of castor-oil. When the oil operates, the patient must not be allowed to sit down as usual to pass the stool, but must be held upon his feet. If allowed to sit down, out would come the bowels with the passage, and then all the work would have to be done over again. On the other hand,

when upon his feet, as above described, the bowel cannot protrude. This precaution must be kept up for four or five weeks, and then a perfect cure will result.

Prolapsus Ani might possibly be mistaken for external piles. Should an error of this kind occur, and the surgeon proceed to cut it off, fatal results would be apt to follow.

SMALL COIN OR BUTTONS SWALLOWED BY CHILDREN.

WHEN this accident occurs there is no cause for alarm if you pursue the right course. No opening medicine should be given. Be careful to feed the child on *solid food* for two or three days. The coin will become imbedded in the contents of the stomach. This fact insures its safe passage through the bowels without disturbing any portion of them. On the contrary, if the stomach and bowels are washed out with any active opening medicine, the coin or button will more than likely remain behind, and make a lodgment. The mucous secretion from the inner coats of the intestines would throw out a thick mucus, covering the coin to such an extent that the next passages from the bowels would slip by without disturbing it. The coin being thus imbedded in the mucous surface of the bowel, the air is pressed out, then the coin sticks by suction. Now it is hard to dislodge, and may in time prove troublesome.

MEASLES.

MEASLES is so common a disease that it needs but little comment from me in its description. The first symptoms are loss of appetite, eyes red and watery, tongue slightly coated, slight fever, increasing for about thirty-six or forty-

eight hours. Patient feeling miserably, but hardly sick enough to go to bed; finally an eruption begins to show itself on the forehead, face, neck, and breast. The eruption seems to be in patches at first, but it soon spreads all over, making the skin quite rough, and forms little half-moon circles. Now the patient has quite a high fever, which lasts from two to five days. By this time a cough comes on, that sounds a little hoarse. Now the fever is gone and the patient begins to peel or shed off the outer, dead skin, which comes away in small scales very much like bran.

This disease requires very careful nursing, and to be kept within doors for eight or ten days, and after the patient thinks he is entirely well, he should take great care. Then for ten days longer he needs to take greater care than ever. Be very careful to live on light diet, and avoid all exposure to the weather. A relapse from measles is always regarded as being very dangerous. At this time the coats of the stomach are very tender; also the bowels. So any irritating food, such as hard, tough apples, nuts, grapes, in fact anything of a rough, irritable nature, will produce much mischief by bringing on diarrhœa, or dysentery, which proves fatal in about forty-eight hours. A little cold on the lungs at this time will lay the groundwork for a bad case of consumption. All these terrible things are avoided by taking good care for the three weeks.

The treatment of measles is easy and simple. When the patient begins to feel bad and is feverish, he should take a dose of opening medicine. After this warm tea during the day, and at bed-time a full dose of Dover's powder. This will produce a good perspiration, and if this fails to bring out a full crop of measles by morning, give a hot whisky punch and a cup of hot tea. If this fails, in two or three hours give a full dose again of Dover's powder. This seldom fails, but if it should, go on repeating the punch and Dover's powder alternately every three or four hours until they do come out. When once out keep the room moderately warm, and in a few days the trouble is over. Now with care and mucilagi-

nous diet for ten days the recovery is certain. The patient should be careful to take mild opening medicines every three or four days if necessary.

PNEUMONIA, OR LUNG FEVER AND PLEURISY.

THESE ailments will be treated jointly, for the remedies that cure pneumonia will cure pleurisy. Pneumonia is a very severe inflammation of the lungs, brought on by exposure to cold. Pleurisy is inflammation of the covering of the lungs. One way to contract this disease is to become overheated and in a profuse perspiration suddenly emerge from a crowded theater or ball-room into a cold atmosphere. The cold air inflames the air-cells of the lungs. In the course of a few hours the person is seized with chilliness, cough, and fever, the incessant cough causing much pain in the lungs, every long breath giving much pain and bringing on a fit of coughing; pulse one hundred or one hundred and twenty per minute; tongue dry, foul, and red; skin hot. When all these symptoms are present, we have a dangerous case of pneumonia.

TREATMENT.—The most energetic course of treatment must be pursued without delay. When the patient has a violent attack and is stout and full habited (full of blood), blood letting is imperative, that is, if the patient has not been sick longer than twenty-four or thirty-six hours. Let the patient be seated in a chair; cord up the arm above the elbow; draw the bandage tightly, so the veins fill very full and feel quite hard. Open the vein at the bend of the arm, taking care not to cut through the vein down into the artery. The artery is always under the vein, but not in immediate contact. The thumb lancet is preferable to the spring lancet from the fact that once in a great while the spring being strong and the blade of the lancet being tempered too hard, the blade snaps off and is sent half-way through the arm, cutting its way through veins, arteries, and nerves, and inflicting a wound

that always gives more or less trouble. I knew one case of this kind that required amputation of the arm to save the man's life. Nothing of this kind can occur when the thumb lancet is used. When you have taken the proper quantity of blood from the patient, he begins to turn pale and the perspiration breaks out on the forehead; then loosen the bandage and stop the blood. Place a wad of cotton the size of a hen's egg over the opening in the vein, press it down firmly and secure it there by a bandage. Now give the following prescription:

Calomel, twenty grains,
Dover's Powder, fifteen grains,
Sulphate of Morphine, one grain.

Mix. Divide into two powders, give one, four hours after give the other. They are best taken in syrup, damp sugar, or rice wafer. Six or eight hours after the last powder give some opening medicine: castor-oil, Epsom salts, Seidlitz powder, citrate of magnesia, or any other cathartic that will answer the purpose. This cathartic must be repeated every two hours until the patient has had three or four full operations from the bowels. Then give the following prescription. Take—

Tartar Emetic, two grains,
Morphine, two grains,
Gum Arabic, one-half ounce,
Sugar or Syrup, one ounce,
Water, four ounces.

Mix. Label, "Fever and Cough Mixture." Dose, one teaspoonful every two hours; continue this mixture twenty-four hours. If the patient objects to the morphine, on account of its causing too much or too little sleep, substitute thirty-five or forty drops of laudanum, the dose being the same. Forty-eight hours after the first dose of calomel was given, if not convalescent, give the two doses of calomel as at first, working off as before, and then after this is all over resume and continue the fever mixture until the fever and cough have entirely subsided, lessening the dose and prolonging the time between the doses. After the patient has recovered and is

about the house. if he still has a hacking cough, give the following prescription. Take—

Balsam Copavia, two drachms,
Morphine, two grains,
Gum Arabic, one ounce,
Syrup or Sugar, one ounce,
Syrup of Tolue, one ounce,
Water, three ounces.

Mix. Dose, one teaspoonful four times a day. If the morphine is objectionable, thirty-five or forty drops of laudanum may be substituted.

DROPSY OF THE BREAST, OR HYDROTHORAX.

THIS is a very common form of dropsy. There is an accumulation of water in the cavity of the chest. The water is outside of the lungs, and inside of the ribs. This accumulation prevents the lungs from being expanded to their full extent, consequently the blood that is sent to the lungs cannot receive the proper amount of oxygen, and thus the blood is returned to the heart in a bad condition for circulation. This renders respiration difficult, and the patient presents a livid appearance, especially in the lips. To walk or run fast uphill increases the difficulty of breathing, and deepens the livid hue. Upon retiring to bed the patient finds much difficulty in breathing when he first lies down. He will often sit up a few minutes to get a good long breath; after one or two trials of this kind, with the addition of another pillow, he breathes comfortably. This accumulation of water comes on very slowly from the fact that the secretory vessels are very small, even less than the pores of the skin, and there being only a small surface to secrete water, it necessarily takes a long time to accumulate a few ounces. The absorbent vessels are taking it out nearly as fast as it is secreted, but not quite fast enough; hence the pressure is all the

time increasing on the lungs. And finally the patient cannot lie down in a horizontal position for a moment, but sits or reclines all the time, day and night. He now has great difficulty in breathing; he cannot even lean back in an easy-chair and carry on a conversation. Unconsciously he leans forward, placing his hands on his knees to get a good breath. This is the best position possible for such patients. When I see these symptoms I am confident of the diagnosis, or what the disease is.

From these simple facts you arrive at the cause of all the long train of troubles covering a space of many months and often years. The patient breathes hard and often with great difficulty. He wheezes very much like a patient with asthma, and his friends tell him he has asthma, and his doctor tells him he has asthma; he also tells him there is no cure for him—nothing beyond temporary relief. The patient has no hope. The doctor prescribes for him. He gets little or no relief, and now is everybody's patient. He tries every patent medicine; takes all the prescriptions offered to him, however simple or elaborate; tries every mineral spring, every climate, an extended sea voyage; sends his urine to the various doctors that advertise to diagnose his case by analysis of the urine, and send medicine for its relief, and there is no telling how many doctors he has consulted. From all he gets the same result, no relief. It takes years to go through with all this, and after all the trouble and expense, to say nothing of the suffering, no relief. Finally the patient comes across the author of this book.

I find the patient sitting up, breathing badly, lips and hands livid, feet and legs œdematous (swollen, full of water). On pressure with the finger I find it leaves a pit, as it would in wheat dough. He has not been in bed for a long time.

The first question I ask is,—

"How long have you been troubled with this asthma?"

"One, two, or three years," will be the answer.

"How old are you?"

"Thirty, forty, fifty, or sixty," as the case may be.

"Did you have asthma when you were a boy?"

"No."

"Could you run up and downhill, play ball as other boys could, without getting out of breath?"

"Of course I could. I could run half the day and not get out of breath. Nobody could run me down."

"My mind is made up, my friend, you and your doctors and friends have all been mistaken as to the nature of your disease. You have dropsy of the breast. We doctors call it hydrothorax. You do not have asthma and never will."

TREATMENT.—In order to give you a correct idea of the treatment of this disease, I will give in detail the treatment and management of a few patients I treated:—

Mr. James Parr, of South Carolina, aged sixty-five years, had hydrothorax of two years' standing. He had taken a great many bottles of patent medicine for the cure of asthma, without any satisfactory results. When he consulted me he could hardly breathe, could not lie down, and had more or less cough. I was well acquainted with him, and knew well what disease he had. As talking increased his difficulty of breathing and distressed him, I prescribed for him without asking a question. I gave him the following prescription: Take—

Calomel, eight grains,
Pulverized Digitalis, eight grains,
Pulverized Squills, four grains,
Pulverized Opium, four grains.

Mix. Form eight pills. Take two pills every three hours. Six hours after the last two were taken I gave him the following prescription to work all off freely: Take—

Cream of Tartar, half an ounce,
Pulverized Jalap, half an ounce.

Mix. Divide into six powders. Take one powder every two hours until they operate freely three or four times.

He took three powders. They produced five or six free evacuations, carrying off copious watery stools. Now he could breathe freely and lie down and sleep well. Then I gave him the following prescription: Take—

Balsam Copavia, half an ounce,
Paregoric, one ounce,
Tincture Digitalis, half an ounce,
Gum Arabic, half an ounce,
Simple Syrup, half an ounce,
Water, two ounces.

Mix. Take one teaspoonful every six hours during four days. At the expiration of that time I saw him again. I found that he was greatly relieved, but not entirely so. I now put him on the pills, as at first, directing him to take only four pills, one at a time, and six hours after the last pill to take the powder as before. He took three powders. They operated well, carrying off large quantities of water. Now I put him back on the balsam copavia mixture. This acted well on the kidneys at first and last. This completed the treatment. I was his family physician for ten years afterwards. He never had any return of the disease or any trouble with his breathing.

Mr. Argus Jeter, of South Carolina, had also an interesting case of this disease. I went fifteen miles into the country to see him, and found him sitting in a large easy-chair. Not being acquainted with him, I was introduced to himself and family, and also to three or four neighbors. Without any more conversation other than the time of day and the weather, Mr. Jeter turned to me, and very abruptly (as I thought) said—

"Doctor, I have sent for you to come here, and I want you to tell me what is the matter with me."

I had in the few moments that I was in his company, observed that he did not breathe easily, and I saw him lean forward and place his hands on his knees so as to get a good breath, twice. My diagnosis was made up. I thereupon replied—

"I can do so, Mr. Jeter. Your disease is hydrothorax. This is the technical term, and the English of it is, dropsy of the chest."

"It is not so. Doctors Vanhue, Young, Douglass, and Vance say it is asthma."

By the time he had finished his speech I had recovered from the shock he had given me. I was quite a young doctor and he was a large man; weight, about 225 pounds; age, 58. I said—

"Mr. Jeter, you are a good farmer, but your knowledge of medicine and disease is very limited. Perhaps you can give a dose or two of calomel, an emetic, and twenty or thirty grains of quinine, and break up a case of fever with as much certainty as I can; but when it comes to dropsy you don't understand how it operates. Now, to let you understand that I know my business, I will tell you how you act, walk, and sleep. When you rise from your bed in the morning, you walk around, feel tolerably, and have a good appetite for breakfast, after which you walk down to your spring. On your return to your house, when you have ascended the hill some forty or fifty yards, you find you are out of breath, and stop to rest. While resting you feel very well and breathe easily. You begin the ascent again, and have proceeded but a few steps when you are again out of breath. You are worried. You stop and rest, then start again. This time you reach the level ground and get to the house very much fatigued. You cannot walk up the flight of stairs in this house without stopping to rest before you reach the floor above. When you go to bed you cannot lie down as other people do. You have to prop yourself up with three or four big pillows, and even then, when you attempt to half-way lie down, you find you breathe with difficulty, and often have to jump up and rush to the door or window to get fresh air. After you have thus put your lungs in working order, you go back to bed. This time you lie down, or rather sit up against those four pillows, and sleep for a short time very well. But after a while you slip down off of those pillows. Immediately you experience the sensation of drowning or smothering. Up you jump, rush to the door, and throw it wide open. As soon as you breathe the fresh air all is quiet with you. Now you dread to go to bed, so you sit up the balance of the night."

"Young man, somebody has been telling you about me."

"No; I never saw you to know you before now. I did not ask the messenger a question, neither did he speak a word about your sickness."

"Doctor, do you think you can help me or cure me?"

"I certainly can relieve you of all your distressing symptoms, and I hope to cure you permanently."

"How long will it take you?"

"I will promise to relieve you entirely in ten days, or less. I will make you breathe freely and easily; lie down and sleep soundly and well, using only two pillows, as other healthy people do; get up in the morning, walk down to your spring, and return to the house without having to stop and rest on the way; take your seat at the breakfast table and eat a good hearty breakfast with the same relish as when you were a young man of twenty-five."

"Young man, if you will do all you promise in thirty days, I will believe all you have said about the dropsy; otherwise I will not believe any of it."

"In turn you must promise to follow my directions throughout."

He promised to do so. I bound up his arm and bled him freely, taking away about a quart of blood therefrom. I then gave him the following prescription: Take—

Calomel, eight grains,
Pulverized Digitalis, eight grains,
Pulverized Squills, eightgrains,
Pulverized Opium, four grains.

Mix. Form eight pills. Give two pills every three hours. Six hours after the last dose of pills, give the following prescription: Take—

Cream of Tartar, half an ounce,
Pulverized Jalap, half an ounce.

Mix. Divide into four powders. Give one powder every two hours until they operate freely. He took two powders only, and they brought away five or six large, copious, watery evacuations. Then I put him on the following prescription: Take—

Balsam Copavia, half an ounce,
Paregoric, one ounce,
Gum Acacia, half an ounce,
Syrup Simple, one ounce,
Gin, one ounce,
Water, one ounce.

Mix. Take one teaspoonful three times a day. At the end of three days he was entirely relieved and remained so. No more medicine was needed, and this completed the treatment. About ten years after Mr. Jeter died of bilious fever. Dr. Young attended him, he being his family physician.

Another very interesting case of dropsy of the chest, treated by the author of this book, was that of Mrs. Sylvester Treadway, of San Joaquin County, California, age forty-five years. Mrs. Treadway consulted me in September, 1868. She said she had been suffering from difficulty of breathing over two years. She had been treated by eight or ten doctors during her sickness. She had consulted the best talent in the cities of Stockton, San Jose, and San Francisco. Every one of the doctors pronounced her case to be asthma. Each one promised her temporary relief only, and in addition to this she had taken every patent medicine that promised relief for asthma. It was by accident that she consulted me. Her husband being sick sent for me and advised her to consult me, as I was in the house. She did so, and in five minutes I told her I could cure her. She said—

"Doctor, I have no confidence in medicines or doctors, but as you promise to cure me, I will try your treatment."

She commenced with the following prescription: Take—

Calomel, eight grains,
Pulverized Digitalis, four grains,
Pulverized Squills, two grains,
Pulverized Opium, two grains.

Mix. Divide into four pills. Take one pill every three hours, and four hours after the last pill take the following prescription: Take—

Cream of Tartar, half an ounce,
Pulverized Jalap, half an ounce.

Mix. Divide into six powders. Take one every two hours until they produce four or five free operations from the bowels. She only took two of the powders; they operated six or seven times, bringing away very large passages, the last being nearly all water. The next morning I called. To my question, "How do you feel this morning?" she said: "Doctor, I feel very well. I breathe so free and easy that I scarcely know myself. I have not had a full breath before in two years." I then gave her the following prescription:—

Balsam Copavia, half an ounce,
Paregoric, one ounce,
Gum Arabic, half an ounce,
Syrup Simple, one ounce,
Gin, one ounce,
Water, one and one-half ounces.

Mix. Take one teaspoonful three times a day. This was the entire treatment. From that day to this Mrs. Treadway has had no return of the disease.

Mr. Sweet, of North Bloomfield, California, aged forty-eight, consulted me for asthma. I told him he did not have asthma. I gave him the same treatment that Mrs. Treadway took, and in ten days he was well. The treatment was given two or three years ago. I saw him a few days since, and he is now hale and hearty, never having had the slightest symptoms of his old trouble. He lives in Nevada County, California.

I have often cured this terrible disease in a few days without telling the patient what was the matter. It is only fair to state, however, that extraneous circumstances may sometimes render this or any other system of treatment unavailing for the permanent cure of this disease, as the following cases prove:—

Bird Murphy, aged seventy-eight, had hydrothorax. I gave him the same treatment as Mrs. Treadway. He experienced the same relief and remained very well for three months. His trouble then returned. The same treatment was then repeated, with the same results. He was well for two months, when the disease again returned. I again repeated the treat-

ment. This time I did not accomplish any good; the patient had lost all power of recuperation, and in ten days he died.

Another old gentleman, aged eighty-four, consulted me for dropsy of the chest. He understood his disease. I could not promise him anything more than temporary relief. With my usual treatment I gave him perfect relief every two or three months until finally his system failed to rally. After battling with the disease for more than a year, nature was overpowered, and he died quietly and peacefully.

DROPSY OF THE ABDOMEN.

THIS kind of dropsy cannot be mistaken, only when it occurs in a female. I have known women to claim they have dropsy of the abdomen when in truth they are pregnant. They possibly may be mistaken, but in most instances they are trying to deceive the doctor. Some doctors are very credulous toward their patients, taking for granted that they are telling the truth as to their situation.

An instance of this kind occurred in the practice of one of the most celebrated and learned surgeons in Europe, namely, Sir Astley Cooper, M. D. He was delivering a clinical lecture on surgery in one of the hospitals of London. Among the patients brought forward was a young woman far advanced in pregnancy. Dr. Cooper asked her what was the matter with her. She promptly answered saying she had dropsy. The doctor took it for granted that the woman was correct as to her statement, so he had her prepared for the operation of tapping. He then said, "Now, gentlemen, we have here a well-developed case of dropsy of the abdomen. I will immediately perform the operation of tapping, and you will see how very simple it is." He gave the students a little description of the instrument, at the same time exhibiting it to them, also how it should be used, etc. Then turning to the patient he plunged the instrument into the abdomen and

was greatly surprised to find that no water flowed from the instrument. In a moment the doctor discovered his great mistake; however, he was equal to the emergency. Turning to the class he said, "Gentlemen, this is a case of dry dropsy." The students never saw or heard of that patient again.

The wound inflicted by this great surgeon could not result otherwise than fatally. This circumstance was related to the graduating class of which I was a member, in the spring of 1841, by Dr. William Gibson, Professor of Surgery in the University of Pennsylvania. Professor Gibson was pre-eminently successful in all of his surgical operations, because he would not perform a surgical operation without he was fully satisfied that it would terminate successfully. He advised us to avoid all doubtful operations, for, as he remarked, if you undertake a difficult and hazardous operation in the outset of your practice as a surgeon, and the operation proves a failure, your reputation will suffer. Therefore, I advise you to bide your time, and when a favorable case presents itself, operate boldly. Then, if you are successful, your reputation is established." I was very much impressed with the Professor's advice. So I followed it in the beginning of my medical career, and I found it worked so well I have continued to follow it. My motto is, never depart from a good, safe, and successful practice, either in surgery or medicine.

The following treatment for dropsy of the abdomen is very much like the treatment I have given for dropsy of the breast, and it is always what I begin a case with: Take—

Eight grains of Calomel,
Eight grains of Digitalis,
Four grains of Pulverized Squills,
One grain of Tartar Emetic.

Mix. Form ten pills. Give two pills every four hours until all the pills are taken, and six hours after the last dose of pills, give the following prescription: Take—

Half an ounce of Cream of Tartar,
Half an ounce of Pulverized Jalap.

Mix. Divide in six powders. Give one powder every two hours until the patient has four or five free evacuations from the bowels. This will carry off large quantities of water. Next day give the following prescription: Take—

Half an ounce of Balsam Copavia,
Paregoric, one ounce,
Fluid Extract Uva Ursi, one ounce,
Gin, one ounce,
Simple Syrup or Sugar, one ounce,
Water, one and one half ounces.

Mix. Give one teaspoonful every six hours. Continue this prescription for eight or ten days. Keep the bowels well open every two or three days by giving one or two of the cream of tartar and jalap powders. The day that it seems necessary to use them, give one before breakfast (take only tea, coffee, or gruel for breakfast). Two or three powders will usually operate very well. After this, continue the prescription as long as the abdomen decreases in size. But if the abdomen is increasing, then leave off the prescription and give another round of pills and powders as at first. When this is all over, commence again with the balsam mixture, and continue as before. This time continue for fifteen or twenty days. After this if the abdomen is still increasing, I resort to a powerful water cathartic. Take—

Elaterium, four grains,
Svapnia, six grains.

Mix. Form eight pills. Give one pill before breakfast. It will more than likely operate freely on the bowels. Should it fail to do so in four or five hours, give one more pill. After this you will find the abdomen much smaller. Repeat these pills every other day until the water is all gone, and live on light diet all the time. If after all the eight pills are taken there should be no diminution in the size of the abdomen, then I tap the abdomen and draw off the water with a troca, a small instrument made for the purpose.

I will now give a very remarkable case of dropsy of the abdomen. I commenced treating Thomas Johnson, aged

fourteen years, of Unionville, South Carolina, in August, 1852. I saw him every three or four days for nearly two years. No other doctor ever saw him to my knowledge. I will only say that I gave him a great many prescriptions and almost every treatment that the medical books recommended, hoping to get the absorbents active, so that they would carry off the water and in that way avoid the operation of tapping. At the end of two years, the boy was reduced to a mere skeleton. His abdomen was very large, and I suppose there was between three and four gallons of water in it. I determined to make one more effort to carry off the water with medicine, not, however, without first explaining to the parents the good effect that I looked for, also the dangerous influence the medicine might have. After deliberate consideration, I gave the patient the fourth of a grain of elaterium. This had the effect of vomiting him half a dozen times, severely, after which it operated very freely on the bowels four or five times. Of course, the patient was very much exhausted from the frightful operation of the medicine. I then gave him a little whisky toddy, which quieted and restored him. After two days I gave another elaterium pill (the fourth of a grain), which had the same effect as the first one. By this time (from careful management), we found the abdomen very much reduced. I continued this treatment every other day, until the patient had taken twelve pills, at which time he was entirely free of water. Then I put him to taking a bottle of Madeira wine which I had medicated with one tablespoonful of dry copperas, giving him one tablespoonful three times a day. In two or three months he was entirely restored to health, never having dropsy from that day to this, which is thirty odd years.

The next case of dropsy of this kind which I will give, is that of Mr. Samuel Rose, of South Carolina, aged thirty-eight years. I treated him eighteen months, during which time I gave him all the medical treatment at my command, all of which failed to have the desired effect. Then I resorted to the operation of tapping, which I performed regularly every four or five weeks, drawing off six gallons of water at each operation.

This I kept up until I came to the seventh operation (all this time without any treatment whatever), when Mr. Rose asked me to let him take a drink of whisky before the operation began. I gave him a gill of whisky, and after the water was drawn off, I gave him another gill. I then asked him to get a gallon of whisky and to take three or four gills a day. The whisky operated freely on the kidneys, and the secretions all being in a healthy state, the stimulating effect of the liquor was all that was needed to restore the patient to perfect health. In three or four months from that time he was thoroughly cured, and remained so to my certain knowledge seven years.

One more very remarkable case of dropsy of the abdomen and I will leave this variety. Fourteen years ago I was called to attend Miss Ella Thompson, of Sutter County, Cal., aged nineteen years. At my first visit I learned that she had dropsy of the abdomen of about eighteen or twenty months' standing. She had consulted three or four physicians, who all failed to give her any relief. Dr. Paroma, now of Woodland, Cal., was the principal physician. He regarded her case as hopeless, and finally abandoned her. Then I was sent for. I found her very much emaciated and the abdomen largely distended with water. The young lady's parents asked me if I could cure her. I promptly answered in the affirmative, with the proviso that the patient should do as directed and the parents should see that my directions were carried out to the letter. They willingly promised. So I commenced the treatment that I have given at length in preceding pages. I repeated the pills and powders prescription at the proper intervals, three or four times, all of which failed to carry off the water, as I confidently expected it would. I soon found that I was getting all the secretions in good working order. Then I resorted to the elaterium in half-grain doses, without the slightest effect. I had used the elaterium a short time before, and it had acted well. I knew the drug was perfect. I increased the dose until I had given four grains, without any good or bad results. I had but one

remedy left, that was tapping. I performed the operation and drew off five gallons of water. All the secretions now being in a healthy condition, the patient recovered rapidly. I did not see her after the operation of tapping for six months, and when I met her on the street in Marysville, Cal., I could not recognize her.

ASTHMA.

THIS disease occurs often in childhood, commencing within six or eight months after the birth of the child. The first attack of asthma is so very like croup that it is difficult to form a correct diagnosis or opinion as to which disease it is. The second time it attacks the child you will find that it has a kind of wheezing sound, without the cough that attends the croup. If you will place your ear over the lungs, you will hear the air passing all through the lungs with a crackling sound. Now think a moment and you cannot be mistaken, the wheezy breathing, the crackling sound in asthma, is absent in croup. I recollect well about thirty years ago being called to see a little child of a lady friend. I told her the child had asthma; she did not like my diagnosis, and I found to my astonishment she made a serious matter of it. I had already compromised myself, and I could not back out from my honest convictions, therefore I had but one course to pursue, and that was to call in a consulting physician. The doctor and I held our consultation. He pronounced the case throat disease. That pleased the lady. Then we held our consultations every day. I yielded the entire management of the case to my colleague, from the fact that I saw the mother seemed better pleased with his treatment than mine. I had not the most distant idea that he would persist in giving the child so many kinds of gargles and actually cauterize the child's throat with nitrate of silver until he could say truthfully the child had throat disease. This treatment went on and on for about three weeks. I

remarked frequently to the doctor that he would kill the child, independent of the throat disease, which proved to be the case, for the little sufferer could not hold out long under this rough treatment, and at last died. I was for years after the family physician, but that case was never alluded to.

Asthma is not attended with fever, and it never proves fatal if left alone. The paroxysms of asthma will come on once a month and sometimes more frequently. There are no premonitory symptoms by which you can ascertain when it is coming. I raised a boy from infancy that had this annoying disease. I have seen him, when a grown young man, start off to work as well as it seemed possible to be, and in half an hour he would be back at my office for something to relieve his distressed breathing. On some occasions I would relieve him in a couple of hours, but at other times the trouble would last all day or night; at times relief would come quickly, at other times slowly. Wet, cold, hot, or dry weather did not seem to make the slightest difference with him. Sweeping a dusty floor would sometimes throw him into a severe spell in five minutes; at other times any amount of dust would not affect him in the least. I used every remedy the books recommended, and a good many things besides, all to no purpose. One morning he came to me for help and I gave him a cigar, directing him to smoke it rapidly, and when it was finished to come back to me. In about twenty minutes he returned perfectly relieved. This was the first time he had ever smoked tobacco. Two weeks after he came for a cigar. This time it took two to bring relief. I then gave him a clay pipe and a plug of tobacco, with directions to smoke moderately every day. This was the last of his asthma. You must not understand that the cigar, plug tobacco, and clay pipe cured this boy. By no means.

One peculiarity of this disease is, that at or about the age of puberty, it usually passes away never to return. On the other hand, if it fails to abandon its course and persistently holds on for a few years longer, then it seems to take a fresh hold, never to be shaken off during life. Even in extreme

old age it rarely proves fatal, except when complicated with some other disease of the lungs. There are a great variety of remedies recommended for its relief and cure, none of which I have any confidence in, not even the cigars and tobacco. I am confident that the boy would have been well about the same time if he had not commenced smoking, for the father of this boy had asthma the same as the son, up to the age of twenty-one or two, when it left him. Emetics are highly recommended. I have used them frequently, with very good results, often relieving the patient as soon as he began to vomit. Take—

Four grains Tartar Emetic,
Thirty grains Ipecac,
Eight tablespoons warm water.

Mix. Give one tablespoonful of this every twenty minutes until the patient vomits freely. For half-grown people, mix the same way, but give only half a teaspoonful every fifteen minutes until the patient vomits.

This is my favorite remedy for all patients over two or three years of age; for those under two years I give the ipecac alone. I have heard of patients being relieved by applying a snuff plaster over the chest. This doubtless has relieved many children. It had quite a reputation at one time. You must bear in mind that tobacco is a powerful narcotic, as much so as opium, and more rapid in its effects, hence it will in a few moments relieve a child of a spell of asthma. Many a woman has applied a snuff plaster to her child's chest, and in twenty minutes the child breathed free and easy. The mother is pleased, for the child falls into a sound and apparently refreshing sleep. The mother, not knowing or thinking of the powerful effect of the tobacco, and not wishing to disturb the baby while it is having such a good sleep, allows the plaster to remain on the chest for two or three hours; finally she goes to the crib, removes the plaster gently; the child still sleeps—she sees it looks very pale—this makes her uneasy; she then tries to awaken it and finds to her great horror the child is dead. A doctor is sent for, but it is too

late. A few cases like this were sufficient to deter mothers from using snuff plasters in asthma. Before I began the practice of medicine, the snuff plaster had gone into disrepute, I hope never to be revived. Tobacco tea as an injection also has produced like results.

DIARRHŒA AND DYSENTERY.

THESE diseases are so nearly alike that I have concluded to describe them jointly. The treatment is somewhat similar also. A diarrhœa is simply frequent discharges from the bowels, a copious evacuation, quite watery, and generally of light color, attended with more or less griping pains in the bowels. The cause often is indigestible substances in the bowels, or the want of biliary secretion from the liver. If from the former, little or no treatment is needed, for as soon as the bowels have thrown off the irritable substance, the bowels become quiet. If the patient will take milk, tea, and toast diet for twenty-four hours he will be well. If the latter—the want of biliary secretion—is the cause, then treatment is required.

The disease suggests the treatment. The secretion from the liver must be established; when this is accomplished the patient is well. Prudence for a few days in living is all that is necessary. My remedy is calomel and Dover's powder. One dose at bed-time, say ten to fifteen grains of calomel and eight grains of Dover's powder, to be worked off with some mild opening medicine—castor-oil is the best, but if the patient prefers any others he can take his choice. If after the bowels are thoroughly evacuated, they still continue to operate, then check them with a moderate dose of paregoric, for children, and a few drops of laudanum (fifteen or twenty), for grown people, to be repeated every two or three hours until the bowels are quiet. You will rarely need any other treatment. The diarrhœa is seldom attended with fever.

Dysentery is different as to the discharge from the bowels. In the outset there is more or less fecal matter from the bowels. But when that is passed off the patient continues to want to go to stool and often has a good deal of pain and bearing down, with very little evacuation, and that little only blood and a jelly discharge. Dysentery is often attended with fever and sometimes a high fever with much soreness of the bowels. The patient will complain of pressure over the region of the bowels. The abdomen is often swollen and very tender to the touch. By laying the fingers on the abdomen and tapping them lightly, you will find the sound clear and "drummy;" this indicates much inflammation of the external covering of the bowels. When this is the state of affairs, the patient is dangerously ill, and needs proper and efficient treatment. Many remedies are recommended, none of which I shall speak of except the one infallible remedy that I have used from the beginning of my practice of medicine.

In all cases of dysentery, without exception, the want of biliary secretion from the liver is the cause, and without that organ, the liver, is brought into action, there is no remedy known that will arrest the disease. Any remedy that will stimulate the liver to perform its regular office, cures dysentery. Aloes, rhubarb, gamboge, castor-oil, and spirits of turpentine, tartar emetic, Epsom salts, podophyllin, mandrake senna, or any of the long list of cathartic medicines, will cure provided they bring the liver to its normal condition. All the astringent medicines known are worse than useless, from the fact that they prevent nature from making even an effort to relieve itself. The astringent medicines that are used in this disease are as follows, viz.: Opium and its various preparations, tannin, sugar of lead, alum, white oak bark tea, and manzanita tea—any and all of which are of no use. The only remedy that acts scientifically in this disease is calomel and Dover's powder combined. Calomel is the only remedy that acts specifically on the liver, therefore use calomel in the following prescription: Take—

Calomel, twenty grains,
Dover's Powder, sixteen grains.

Mix. Divide into two powders; give one, and four hours after give the other, and six or eight hours after the last powder give some opening medicine, and repeat the same every two hours until the bowels are thoroughly evacuated three or four times. Then give eight grains of Dover's powder. This will quiet the bowels and the dysentery is cured. This treatment will cure nineteen cases out of twenty. Possibly you will meet with one patient in a great many that you will have to repeat this dose to relieve. If you are compelled to repeat, only give ten grains of calomel in the second prescription, with the same amount of Dover's powder (sixteen grains). Mix as in the first; give the same way, and work off as at first; also follow with the Dover's powder. Now the patient should be kept on a very light diet; gruel, soup, tea, and toast, sago, tapioca, or any diet that is of a mucilaginous character is good. The drink should be flaxseed tea, slippery elm water, etc.

RHEUMATISM.

RHEUMATISM is a common disease in this country. There are two kinds and I will speak of the particular treatment of each. Inflammatory or bilious rheumatism is the most common. It originates from biliousness and cold taken from being exposed to severe weather. The patient has taken cold, one hand, shoulder, elbow, hip, knee, ankle, or foot, becomes sore and swollen, the skin is more or less red, the tongue is coated, at times yellow, often the fur on the tongue is white, sometimes there is considerable fever, sometimes mere loss of appetite and great pain in the part affected.

TREATMENT.—Take—

Calomel, eighteen grains,
Dover's Powder, fifteen grains,
Morphine, two grains.

Mix. Divide into three powders. Give one every four

hours. Eight hours after the last powder is taken, work off freely with citrate of magnesia, Epsom salts, or castor-oil. This will often cure the patient without further treatment. If not relieved in forty-eight hours, give the following prescription: Take—

Iodine of Potassium, two drachms,
Bromide of Potassium, two drachms,
Wine of Colchicum, half an ounce,
Syrup or Sugar, one ounce,
Water, four ounces.

Mix. Take one teaspoonful three times a day for six days. If the patient is well by this time, that ends the treatment; if not, repeat the calomel, Dover's powder, and morphine prescription as first given; work off the same, and then take the iodine prescription for ten days.

I have very little faith in any of the many external applications being able to cure rheumatism. At the same time I often use the following liniment with some advantage: Take—

Hartshorn, half an ounce,
Laudanum, half an ounce,
Fluid Extract Belladonna, one ounce,
Sweet-oil, three ounces.

Mix. Apply this liniment to the painful parts freely. This simple treatment will cure nineteen-twentieths of ordinary rheumatism if taken in time.

CARTILAGINOUS RHEUMATISM.

THIS is one of the most painful and tedious diseases we have to contend with. This kind of rheumatism attacks the cartilage of the joints, which is the gristle. This hard, white and tough substance on the ends of all the bones of the joints has very little feeling in its normal condition. It takes a long while to get up inflammation or soreness in the cartilage,

and when it is fully developed, it takes a great while to reduce the inflammation. It attacks the large joints, as a general rule, though none of the joints are exempt from it.

The inflammation runs so high that it dries up the synovial fluid in the joint,—that is the smooth, oily substance which lubricates the cartilaginous surfaces of the joints. The synovia is held in the joint by the capsula ligament, which surrounds every joint. The name implies just what it is, for it is a perfect cap that covers the joint, above and below, from which there is no escape for this fluid. The knee-joint, for example, is attacked with this kind of rheumatism ; it is sore to the touch, swollen until it has a round appearance, looks red and smooth, and when you attempt to bend the joint the pain is very severe. The patient has more or less fever, is wakeful, and the least motion of the bed or sudden jar of the floor excites intense pain. The patient becomes very nervous, cannot even allow the bedclothes to touch the joint. No treatment, however active and energetic, can cure this disease in a short time. The inflammation came slowly, and will subside in like manner. This disease very rarely proves fatal. The doctor must, however, treat the disease with all the energy possible, for fear of anchylosis of the joint, which is the growing of the ends of the bones together, the same as the welding of two pieces of iron together when made hot in a furnace. In this case of rheumatism, the ends of the bones become so hot and remain in this condition so long, that they burn or dry up all the synovial fluid in the capsula ligament, and in the absence of this lubricating substance the two bones grow together, and after all the fever and rheumatism is cured the patient comes out with a stiff joint.

Some doctors use various mechanical means to avoid anchylosis ; such as flexing the limb two or three times a day, stretching it, placing the limb over a double incline plane and attaching a heavy weight to the foot or ankle. All this mechanical work is entirely useless. It is even worse than useless. It actually injures the patient, for when anchylosis

has actually taken place there is no help. There is one consolation, however, this knee-joint is exempt from this trouble forever after.

TREATMENT.—Take—

Calomel, fifteen grains,
Dover's Powder, fifteen grains,
Morphine, one and one half grains.

Mix. Divide into three powders. Give one powder every four hours; after the last powder, work off with some active opening medicine, such as Epsom salts, citrate of magnesia, or cream of tartar and jalap powders in the following form:

Cream of Tartar, half an ounce,
Pulverized Jalap, half an ounce.

Mix. Divide into six powders. Give one powder every two hours until the patient has had three or four full evacuations from the bowels. Then give the following prescription: Take—

Iodide of Potassium, two drachms,
Bromide of Potassium, two drachms,
Pulverized Extract of Licorice, three drachms,
Water, five ounces,
Wine of Colchicum, one ounce.

Mix. Take one teaspoonful three times a day. Continue this prescription ten days. If the patient is suffering much pain give a full dose of morphine, laudanum, or svapnia every evening at bed-time. (Dose of morphine, one grain; dose of laudanum, thirty-five or forty drops; dose of svapnia, two grains.) As a local application, make a large plaster of the extract of belladonna, apply it all over the knee or any other joint. It should not be kept on the joint more than ten or twelve hours at a time, but you can repeat it every other day. If the case is very long and stubborn, the calomel will have to be repeated once or twice at intervals of two weeks.

CHRONIC RHEUMATISM.

THIS is a very tedious and troublesome form of rheumatism. The same remedies that cure the inflammatory will help the chronic. Once in a great while give the calomel and Dover's powder prescription, which must be worked off as directed. Then use the iodide prescription in the same way, also the liniment and plaster. You will find belladonna plasters and porous belladonna plasters already prepared in the drug stores, but they are worthless. I have tried them often, and where there is much pain they will not answer the purpose.

CHOLERA MORBUS.

IN nearly every instance cholera morbus is caused by eating too much indigestible food. The stomach being overloaded, the mass becomes sour and nature makes the attempt to relieve itself by throwing off the contents of the stomach by vomiting, after which the bowels are brought into violent action, with repeated copious discharges, followed with violent pains throughout the abdomen. This purging and vomiting is kept up alternately for hours until nature is exhausted. If no relief is obtained, fearful cramps and convulsions will set in and the patient is apt to die in a few hours. If the patient is under eight years we call it cholera infantum.

TREATMENT.—The first thing to do is to arrest the vomiting and purging. Apply a large mustard plaster over the stomach, let it remain for a few moments, long enough to redden the skin, after which remove and give the following prescription: Take—

Calomel, fifteen grains,
Sulphate of Morphia, three grains,
Dover's Powder, fifteen grains.

Mix. Divide into three powders and give one powder. If this stops the vomiting and purging, let the patient rest quietly for eight or ten hours, then work it off with some mild opening medicine, anything that the stomach will retain, which should be repeated at intervals of two or three hours until the effect is obtained. If, however (which is often the case), the stomach rejects the first dose, it must then be repeated in about half an hour, and if the second is vomited, give the third in about an hour.

The morphine and Dover's powder will probably be all lost, but the calomel will remain in the stomach, for when calomel is taken into the stomach and it stays there one minute, being heavy it settles on the coats of the stomach so closely that no amount of vomiting can dislodge it. When the Dover's powder and morphine are lost, they should be given in pill form. A pill will often be retained when a fluid will not. Any device is in order that quiets the stomach until the opiate takes effect. When all this fails, the morphine must be injected under the skin with a hyperdermic syringe. In order to make a success of the first injection, use for an adult one grain of morphine; if that fails, repeat the same in two hours. Once the patient becomes quiet and the opening medicine operates, and we find the liver has thrown out bile freely, we regard the patient as safe. Then there is very little to do except to see that the patient obeys the laws of health strictly.

For children give the calomel and Dover's powder without the morphine (morphine is never given to children under eight years of age). The dose will be according to the age. By turning to the table of doses of calomel and Dovers powder, you can find the dose for any age.

JAUNDICE.

WHEN you find a person with this disease, you will notice the following symptoms: Loss of appetite, tongue covered with yellow or white fur, constipated bowels, sour stomach, at times more or less diarrhœa, the operations from the bowels having a pale white or ashy appearance, and when the bowels are constipated and hard they will be a white clay color. The patient rarely has fever, loathes food of any kind, and if forced to eat will become sick and vomit. Then the whites of the eyes show a tinge of yellow; next the face grows yellow, and finally the yellow pervades the entire skin. These symptoms point with absolute certainty to the nature and cause of the disease,—the liver is at fault. The bile fails to pass into the stomach as nature intended it should. It enters into the circulation, hence the blood is stained yellow, and this is the cause of yellow skin.

TREATMENT.—Establish the healthy action of the liver, and the patient with the jaundice is cured. Calomel, Dover's powder, and castor-oil properly administered will effect a sure and speedy cure. Take—

Calomel, twenty grains,
Dover's Powder, twenty grains.

Mix. Divide into three powders. Give one powder every three hours, and six hours after the last powder give two tablespoonfuls of castor-oil. Repeat the oil every two hours until the calomel is entirely worked off. The next day take four pills, composed of aloes, castile soap, and pulverized rhubarb in equal parts.

Mix. Form into common-sized pills. Use syrup or honey to bring the mass to a proper consistency to roll into pills. Keep the bowels open with these pills five or six days. If by this time the discharge from the bowels is of a dark brown color, the liver is acting well. If not, and it is of a white,

ashy appearance, evidently the liver is still torpid. The latter being the case, commence at the beginning and put the patient through the same course of treatment again, which will cure every case of this disease with the exception of jaundice caused by gall-stone stopping up the gall-duct. This kind of jaundice can only be cured by a surgical operation.

DISEASES OF THE EYE.

THERE is a prevailing impression among the people, that doctors do not understand diseases of the eye, hence when there is trouble with this organ they immediately go to an oculist, without ever consulting their family physician, notwithstanding they have implicit confidence in him. The people seem to think that a doctor cannot be an oculist.

Not long ago I was treating an inflamed eye, when a lady friend of my patient called to see him; of course she soon learned the nature of his trouble and seemed quite shocked at the sight of such an inflamed eye, and remarked to him that he should go to San Francisco by the first train. The gentleman said to her, "My physician is an experienced oculist, and I think my eye is getting better." At this moment I walked into the sick-room and the patient immediately asked me if I was an oculist. I answered in the affirmative. Then the lady said she had not learned that there was an oculist in the country. This remark coming from an educated lady, the leader of society, etc., etc., I felt a little nettled for the profession as well as for myself. So I concluded to try to set her right on the oculist question. "Madam, you must know that all doctors, if properly educated, are oculists. I would like to know how a man could obtain a diploma without a thorough knowledge of the anatomy of the eye, and how to treat all the diseases to which it is subject? You never heard of a doctor advertising himself as an oculist. It

is not considered professional. But whenever you see a man advertising himself as an oculist, you may be sure he is a quack and an impostor."

I gave her the history of a little boy that had amaurosis of one eye. Mrs. Murdock, the mother of the boy, who lived in Marysville, California, at the time, called my attention to one of his eyes. I examined the eye and found a complete case of amaurosis (death of the nerve) Of course the child, only three years old, had no idea that he was blind in one eye. The mother could not understand how the eye had lost its power of sight. It had never been sore or inflamed. She asked me if it could be cured? I took great pains to explain the trouble, and told her the optic nerve of that eye was dead, and there was no cure for it. A few days after she told me she was going to an oculist in San Francisco. I was glad to hear she was going, thinking she would be better satisfied with my opinion when she returned. I then advised her to consult Doctors H. H. Toland, Gibbon, and Lane, and by all means *not* to go to the oculist Smith until she had seen these doctors. I had the same opinion of quack oculists then that I now have. Well, one of Smith's runners picked the woman and the boy up on the boat, and the first place she found herself in after reaching the city was Smith's office. (This same Smith had a history in San Francisco and Arizona six or seven years ago.) Smith examined the eye and said to the lady, "Madam, you have come to see me just in time; three days later the inflammation from that eye would have reached the brain, which would kill the boy." At this time the eye was well; looked as bright as the other, and was and had been entirely free from inflammation. She put the patient in Smith's hands for treatment. The next day he cut the eye out and charged her two hundred dollars for the operation. She brought the boy home in a few days. The cutting of course produced a great deal of inflammation. I was called in to arrest it, but that was beyond my power. The inflammation reached the brain. From this time on the boy began to droop, and in less than three weeks from the cutting the boy died.

When I finished my speech to the lady she had no more to say about her friend going to an oculist.

The eye is a very delicate organ. The anatomy is exceedingly complex, and when inflamed in any way, either from natural causes, or injury, you must be very careful how you go about the treatment. One misstep in the treatment of an eye is often fatal to the sight, and, as I have shown, to the life of the patient. If you have common sore eyes, the whites of the eyes are red and inflamed. When you roll the eyeball it feels as if you had sand in the eyes, and at times there is pain. As a local application there is nothing that relieves this so readily as the fresh pith taken from the young sprouts of sassafras. Take a tablespoonful of pith, add four ounces of pure, free stone water, rain or distilled water is preferable, shake this a few moments. You will find you have a soft, cooling application that will reduce the inflammation and cause the eyeball to move smoothly without pain. This remedy is not only efficacious but entirely harmless. Keep the patient in a dark room and apply every two hours. In addition to this local application the constitutional treatment is this: Take—

Calomel, sixteen grains,
Dover's Powder, sixteen grains.

Mix and divide into two powders. Give one, and four nours after give the other. Eight hours after give citrate of magnesia, Epsom salts, or Seidlitz powder, every hour or two until you have produced four or five full evacuations from the bowels. Feed the patient on the lightest kind of diet. If the inflammation runs high, apply five or six leeches, three about the temples, the others immediately under the eyelid. After the leeches have fallen off, bathe the leech bites with warm water constantly in order to keep the blood flowing as long as possible. After this you must poultice the eye all over with slippery elm or alum-curd poultice. Alum curd is made by taking the white of an egg, drop it in a saucer, take a lump of alum, stir or rub it in the egg briskly for ten or fifteen minutes. Place this curd between two pieces of gauze;

grease the outer edges to prevent sticking; let this remain on the eye five or six hours. Remove it and apply a fresh one. Let this remain at your pleasure. When taken off the inflammation will have subsided. Whenever you wish you can raise the poultice and put some of the sassafras water in the eye. Keep the eye away from the light or any draught of air. If the case is extremely severe, all of the above treatment may be repeated. I have found this treatment safe, sure to do no injury, and the most effective that can be pursued. If the patient cannot sleep, give from a half grain to a grain of sulphate of morphine repeated once in four hours any night. If the morphine is objected to, you can give svapnia or laudanum. Now you must be careful to keep the bowels well opened every day. Use any medicine that will have the desired effect.

In spite of everything the doctor can do, notwithstanding he has used all the energy and perseverance possible, the inflammation may have run so high that it may have cooked the lens, turning it white and rendering it opaque. The eye now is perfectly well, but you cannot see through this white cloud. The other eye is as good as ever. You regret the loss of the eye of course. You consult your doctor about operating for cataract. If he understands his business he will advise you to let the operation alone, and will say to you, "You have one good eye, you must be contented." The cataract can easily be removed, but after it is removed the inflammation may set in again from the operation and cook the humors of the eye. This will ruin it for life. The inflammation does not stop this time with the diseased eye, but spreads to the well one, and in turn *it* is ruined forever. Had you taken the advice of your doctor, you would now have one good eye, and if by accident you should be unfortunate at some time and lose the good eye, you can then with propriety operate on the cataract. Should the operation be successful, you will still have an eye. It will be near-sighted, but that is far better than no eye at all. When you consult an oculist as to the operation, when you have one good eye,

the other having a cataract, he will advise you every time to have the operation performed, for the reason he is after your money, not your welfare. Be careful to shun a "shingle" that reads, "Dr. ——, oculism a specialty." In fact you will do well to avoid any doctor that tries to *persuade you* to allow him to practice on your case; also avoid that class going around the country claiming to straighten cross-eyes. This is the mere cutting of a very small muscle that is pulling the eyeball too much in or out. It is very easy to cut one muscle, and in a moment the eye straightens out all right; but suppose by accident you cut two of those little delicate muscles, then the eyeball turns the other way too much. Now you dare not cut a muscle on the other side to straighten it the other way, so you have about ruined the eye forever. You can't do as the lawyers do, take a non-suit, wipe out, prepare your papers anew, come into court, and go on with the case as if nothing had happened.

Now we will take another view of the case. The operation is skillfully performed. The eyeball resumes its proper position. The traveling oculist receives his fee of one hundred dollars or more, and leaves for "pastures new." Now it comes to pass in the course of a few weeks the patient discovers that the eye is gradually turning back to its old position. In a few weeks the eye is just where the oculist found it first. The theory is, and it is correct, when you cut a muscle it contracts, separating the cut ends. Of course as long as the ends remain apart, there is no power in the muscle. Nature not wishing to be deprived of any part of its machinery, goes to work to unite this broken piece. No mechanic is equal to nature, and when it finishes up its work, it is sure to be well done. So when it brings the two ends of this little muscle together, it unites them and gives them an extra weld that will stay for all time. That extra weld makes the muscle a little thicker at that point, thereby increasing its strength. Now you will find the eye is drawn in a fraction more than it was before the operation. If you are determined to have the eye straightened, you will have to operate a sec-

ond time, which can be done. This time to make the operation successful, you cut down on the same muscle, pull it out and cut it again, and while you have hold of the muscle, cut off a piece of it, which should have been done at first, so that the ends could not be united again. This operation will prove successful.

The edges of the eyelids are often sore, red, and scaly. This gives the eyes a very ugly appearance. This disease often gives the doctor a great deal of trouble. I have prescribed very often for such cases. Many of my prescriptions were of little or no use. I now use this prescription and it rarely fails me. Wash the lids every morning with warm water and castile soap. When dry apply the following local application: Take—

Calomel, six grains,
Fresh Lard, the fourth of an ounce,
Sweet-oil, fresh, half an ounce,
Beef Tallow, the fourth of an ounce.

Mix thoroughly, and grease the eyelids twice or three times a day. Continue this treatment for weeks or months. This is a safe, pleasant, and sure remedy.

For all serious troubles of the eyes it is best to consult a regular doctor, one that is not too fond of using hazardous remedies.

ERYSIPELAS, OR ST. ANTHONY'S FIRE.

THIS disease attacks persons of any age and is considered dangerous. Some cases are slight, others severe. This depends on the condition of the patient and the location of the eruption. If it attacks the extremities there is very little danger, but if on the face and head, there is some reason for fear. When on the extremities there is seldom any fever. That of the head and face will generally be attended with more or less fever. The most marked symptoms are redness

of the skin, with more or less swelling, some itching and burning. As St. Anthony was the first man to say that this disease burned like fire, it was from that time called St. Anthony's fire. Many years later it was named erysipelas.

Very soon after the burning sets in, you will discover an eruption very much like that of measles. This eruption extends only as far as the redness. If on the hand or foot, arm or leg, you will find that the redness and eruption will gradually follow up the limb. Soon, if a light case, the disease will stop, and the little eruptive pimples will fill with a thin, watery fluid. Very soon they begin to break and form a crust. This in part relieves the itching and burning and also the swelling. Once in a great while erysipelas is void of the eruption. The skin is swollen, red, and shining.

TREATMENT.—You will generally find more or less fever; the patient is bilious, as much so as if he had bilious fever. Under such circumstances, give a full dose of calomel and Dover's powder, say eighteen or twenty grains of calomel and fifteen grains of Dover's powder. Mix. Divide into two powders. Give one, and give the other four hours after. Six or eight hours after, work off freely with citrate of magnesia or Epsom salts. Repeat the opening medicine every two hours, until the bowels are thoroughly evacuated. Feed the patient on very light diet. As a local application use the following ointment: Take—

Lard, tallow and sweet-oil in equal parts. Melt and mix, and keep the eruption well greased all the time, day and night.

This ointment will relieve the itching and burning. Once a day wash all off with warm water and castile soap. When dry, apply the ointment as at first. Keep the bowels open once a day with salts. If there is fever, give the following fever mixture during the day, and at bed-time give a dose of Dover's powder, eight or ten grains.

FEVER MIXTURE.—Take—

Tartar Emetic, two grains,
Paregoric, one ounce,

Tincture Digitalis, half an ounce,
Sugar or Syrup, one ounce,
Water, three ounces.

Mix. Give one teaspoonful every two hours. Use this only during the day. If the case proves obstinate, and is not recovering as it should, repeat the calomel and Dover's powder again, giving lighter doses, say only twelve or fifteen grains of each. Mix and divide into two doses. Give as at first and work off the same. This will more than likely end the treatment.

There are many local applications recommended in the books and by outsiders, such as painting with iodine, cranberry poultices, solution of sugar of lead, and many other remedies, as drawing a line around the erysipelas to prevent its spread. All of which are useless, and not only useless, but worse, all hurtful. The simple treatment that I have laid down for you will succeed ninety-nine times in a hundred. In forty-five years of practice I have not lost a single patient with erysipelas, and I have pursued no other course than the one I give here. I have treated dozens of patients that were so swollen about the face and head that their most intimate friends could not recognize them. I have drawn lines around the eruption with caustic, and painted with iodine, and in every instance, to my mortification, I found the disease traveling along as if I had only drawn my finger around the place where I would like to have it stop. No; you are wasting your time and jeopardizing the life of the patient when you begin to experiment with any other treatment than the course I have laid down.

ACRID URINE—BRICK-DUST URINE.

MANY old people are troubled with highly colored urine, thick and muddy, small in quantity, burns while passing, and leaves a sediment in the vessel about the color of a

pale red brick, hence the name. The patient has more or less pain in the back, often quite sore. The coats of the bladder become sore and inflamed and will not retain this irritable urine but a short time, so the patient has to pass water every two hours or more frequently. The following prescription will cure all of these troubles and you will find it simple, safe, harmless, and applicable to patients at any age. It can be given two or three times a day during the treatment of any disease, regardless of what kind of medicine the patient is taking. When I am treating patients for fever, of any and all kinds, I give more or less of this prescription for the purpose of clearing out the kidneys and bladder and to purify the urine. This is of great importance to the health of everyone. Take—

Balsam Copaiva, half an ounce,
Paregoric, one ounce,
Gum Arabic, half an ounce,
Simple Syrup of Sugar, one ounce,
Water, two ounces.

Mix. Give one teaspoonful three times a day. The dose for children is regulated according to age. The dose for children six months old, is ten drops two or three times a day. I have tried all the diuretic medicines that have been introduced to the profession for the last forty-five years—none of which equals this. I never try any patent medicines. I must know what I am giving. My advice to all is to know what you are taking. If you take patent medicines you cannot ascertain the facts regarding quantity or quality. I claim that the patient has the right to demand of his physician what kind of medicine he is about to administer; also an explanation as to what results he may expect from the medicines. From the beginning of my medical career, I have taken great pains to explain to my patients the nature of their disease, the medicine I have been giving them, and the results I expected of each drug in the prescription, when they wanted to know.

Patients naturally feel much anxiety as to what their disease is, and what kind of treatment they are to have, and it

is of great advantage to have the mind at rest on such things. I am sorry to know that many physicians refuse to name the disease, and take it as an insult to be questioned as to what their treatment is. Now admit that in all cases a patient has a right to ask and be informed by the attending physician, first, what his disease is, and second, what medicines are being used--if the patient has, say, hydrothorax, and asks, What medicines are you using to cure my disease? and what will be its (the medicine's) action? the doctor refuses to answer either of these last two questions, what conclusion have you the clear right to draw? Now, mark, either that the doctor has not diagnosed your disease so as to be confident in his own mind what disease you are laboring under (and if this be the case he very likely will kill, or injure, at the least, rather than cure you), or if he knows your disease, clearly he does not know what action his medicine is about to have on your system; therefore he is liable by means of these very medicines to injure rather than relieve your case.

My friends have often said to me, "Doctor, you should not tell everybody all your remedies; the people will take advantage of it and thereby you will lose much of your practice." I invariably say to them, I have no secrets, and am willing to give advice wherever it will relieve suffering, with or without a fee. "Cast thy bread upon the waters, for thou shalt find it after many days." My bread is returning to me daily, in the shape of a clear conscience that I have done my duty all these years. Now, at the age of sixty-seven, I am in perfect health; can walk, ride, and drive, sit up all night and day with as much ease as I could at the age of twenty-five. My intellect is perfect, and as I am gaining knowledge daily, will be capable of greater good in the future.

PARALYSIS.

PARALYSIS usually attacks the right side. A description of this disease is unnecessary. The partial or entire loss of power to control or move the limb is enough to indicate the disease. The best remedy for this disease is strychnine. The hundredth part of a grain of strychnine, taken three times a day, will accomplish a cure, I believe, if anything can. As far back as 1842, I was called to visit a man sixty-five years of age, with complete paralysis of the right arm and leg, of many years' standing. I prescribed for him the thirty-second part of a grain of strychnine. I visited him once a month for six months. At the third visit I found he had a little control over the muscles of the arm and leg. At each subsequent visit I found greater improvement, particularly in the leg. He finally became able to walk a little by the aid of a crutch, and an assistant to steady the paralyzed side. I believe now, as I did then, that if he had been a young man he would have made a good recovery. Since that time I have administered strychnine to a great number of paralytics with good results. In some cases the cure was perfect. With the exception of the external applications of veratrin ointment, no other medicine was used.

VERATRIN OINTMENT.—Take—

Veratrin, one drachm,
Lard, four ounces.

Mix. Give the limb a *good hard* rubbing once a day for one or two months. The strychnine should be kept up ten or twelve months, or until the cure is completed. In addition to this treatment I now give quinine in moderate doses at intervals.

DIPHTHERIA.

DIPHTHERIA is known to be a very dangerous disease, especially when it attacks children. Many people believe it is a new disease and only known within the last fifty years. Everybody understands and recollects hearing of scarlet fever with putrid sore throat. The highest authority in England and the United States speaks of them as one and the same. I find no difference, with the exception of the fever. The throat trouble is the same. When we examine the patient and find there is more or less fever, redness about the tonsil glands without any ulceration, this we term "sore" or "inflamed throat," and if there is ulceration it is "ulcerated sore throat." The ulcers in this case are white, and the matter exuding from them has a clear white appearance with very little odor. Diphtheria, or putrid sore throat, has altogether a different appearance. The throat has a dark, leaden, livid hue, with ulcers of a dull ashy color, from which there is more or less ashy matter flowing. The odor of this sore throat is very offensive; it smells something like putrid or tainted pork. The ulcers are almost or quite in a gangrenous condition. In a severe case like this, the patient does not complain of the throat hurting much; has no great difficulty in breathing or swallowing; has very little fever; looks pale; seems dull and indifferent, having lost all animation. The theory is (and I believe it to be correct), that the absorption of the putrid matter poisons the blood, so when the patient is approaching death he seems to be very quiet; he is quiet from prostration and dies without a struggle.

TREATMENT.—In the outset give the patient a full dose of castor-oil, with the addition of a few drops of turpentine. Without waiting for the oil to operate, begin the following throat mixture: Take—

Chloride of Potassium, sixty grains,
Sugar, two tablespoonfuls,
Water, six ounces.

Mix. Give from one to two teaspoonfuls every three or four hours. This disinfects the putrid matter and heals the ulcers. Another good and safe remedy should be used in connection with this. Take—

Sugar of Lead, twenty grains,
Water, six ounces.

Mix. Gargle the throat every three or four hours, provided the patient can use it as a gargle, otherwise give ten or fifteen drops to be swallowed. This small dose will reach all the ulcers, and as it has to be used but a few days, there is no danger of lead colic. The following prescription serves well to correct the disagreeable smell, and disinfect the matter flowing from the ulcers. Take—

Spirits of Camphor, four ounces,
Carbolic Acid (full strength), eight grains.

Mix. If to be used for children, apply three or four times a day with a camel's hair pencil. Be careful to cleanse the brush after each application. For a patient that can gargle well, use half a teaspoonful three or four times a day. This simple treatment is often very successful. I have made many cures with it, and feel confident no harm can result from it. Too much burning, swabing, scraping, and gargling are certainly hurtful. Whether diphtheria is contagious or not, the house where it is should be quarantined.

HYSTERIA OR HYSTERICS.

THIS disease is peculiar to women from the fact that the seat of it is in the womb. An attack of hysteria generally makes its appearance without any warning. The patient will seem to be a little out of her mind; cry and laugh alternately; talk foolishly, and in severe cases come very near or quite to having convulsions. In these convulsions there

is never any frothing at the mouth or chewing of the tongue. So in the absence of these terrible symptoms, you may be sure it is a case of hysteria. The cause is always some derangement of the uterus. In nineteen out of twenty of these cases the menstrual discharge is scant and of short duration, and very painful. When this is the case, give the following prescription: Take—

Fluid Extract of Aloes, one-half ounce,
Fluid Extract of Canella Bark, two ounces,
Paregoric, one ounce,
Simple Syrup or Syrup of Licorice, two ounces,
Gum Arabic, half an ounce.

Mix. Take one teaspoonful three times a day. If this dose should operate too freely on the bowels, the dose must be diminished from day to day until it operates only once or twice a day. On the contrary, the dose must be increased until the proper dose is arrived at. Often the patient becomes bilious. To overcome this three or four compound cathartic pills should be given at bed-time, and if they operate freely, the following morning the fluid mixture should be omitted for that day; if not, then go on as usual. When the patient is found to menstruate freely and without pain, the treatment may be withdrawn entirely, and at any time resumed. The patient should take much outdoor exercise, and never go to bed with cold feet. Diet generously all the time. Once in a great while we find cancer of the womb is the cause of this disease; when this is the case the treatment is very different, and will be found under the head of "Cancer of the Womb."

CHOLERA.

THIS disease is rarely met with except in southern latitudes. It generally makes its appearance in the latter part of summer, lasting until frost, after which it disappears until the next season. The patient is first taken with vomiting, severe

griping pains in the bowels, accompanied with copious discharges from the bowels. The patient becomes very cold. Perspiration flows freely from every pore of the skin, the vomiting and purging continue alternately for five, six, or ten hours; the next step is spasmodic cramps and then death. This is the natural course of the disease when nothing is done to save the life of the patient. Very few are ever attacked with cholera when they are in a perfect state of health. In every instance we find the liver in a more or less torpid condition. The stomach cannot digest the food without a sufficient quantity of bile, hence it revolts at the indigestible substances it contains.

TREATMENT.—In every instance prompt and energetic treatment must be resorted to, for this is one of the diseases that will not admit of the least delay. The vomiting and purging must be effectually checked before the powers of recuperation are exhausted. To accomplish this there is nothing so prompt and effectual as sulphate of morphine combined with a little tincture of red pepper, repeated at intervals of half an hour until the stomach is settled and quiet. Sometimes this fails to remain in the stomach long enough to have the proper influence, the stomach rejecting it as fast as the doses are given. When this is the case the morphine must be injected under the skin with a hyperdermic syringe; the dose of morphine to be injected is one grain dissolved in half a teaspoonful of water. When the patient is quiet the cause of the disease must be removed, which is the torpor of the liver. In order to do this give the following prescription: Take—

Calomel, twenty grains,
Morphine, two grains.

Mix. Divide into two powders. Take one powder as soon as the stomach will retain it; three or four hours after take the other powder. Eight or ten hours after give some mild opening medicine, such as Seidlitz powder, citrate of magnesia, or castor-oil, provided the patient prefers it, and the stomach will retain it. Once the bile flows freely the patient is considered safe.

Many cholera patients die in twelve or twenty-four hours, hence the necessity for prompt and successful treatment. In these cases the struggle for life is short. I have treated cases that in less than twelve hours it seemed as though there was no possible chance for the patient to recover, and in twelve hours from that time the patient was out of all danger. After all the cholera symptoms are relieved, the patient must be kept on light diet for a week or ten days.

So, after all, we have but three points to gain: (1) Relieve the vomiting; (2) check the diarrhœa; (3) bring about a full biliary secretion from the liver, and the patient is cured.

APOPLEXY.

WHEN you see a man or woman fall instantly as if shot in the head with a rifle-ball, you have reason to think it is apoplexy. The patient breathes very slowly, very like a man "dead drunk," snores hard, and his face has a very livid or blue appearance. Feel his pulse. It beats slowly,—not more than forty-five or fifty beats to the minute, feels large and full. The patient is unconscious. Apoplexy will often prove fatal in an hour or two.

TREATMENT.—Cord up the arm, and bleed freely, say about one quart of blood. Bleed while in a horizontal position. This bleeding relieves the brain from the pressure of the blood. Very soon the patient recovers consciousness and breathes easily. Give any convenient opening medicine. Keep him in his room for a few days and feed on very light diet. In future he must avoid all spirituous liquors and rich and highly seasoned food.

CONSUMPTION.

THERE are two kinds of this disease, the hereditary and the pulmonary. The first is inherited from the parents, either the father or mother or the grandparents. This kind of consumption is almost always fatal. In fact, consumption in any form whatever may be considered incurable. I have treated a number of patients in my private practice that have recovered, notwithstanding they were well-marked cases. Anybody is liable to take pulmonary consumption. This kind comes from violent cold on the lungs, such as pneumonia and pleurisy. From the inflammation of the lungs, abscesses are formed in the lungs, and when these abscesses break they discharge large quantities of pure pus or matter. The abscess remains open, from the fact that every breath fills the cavity in the lungs and prevents its healing, without which there cannot be a cure established. I have met with a few cases that when the abscess broke, the discharge was more than half a pint. Of course this amount of matter coming away in an hour or two, would leave a very large cavity in the lungs.

I was treating Miss Belle Tharp, of San Joaquin County, Cal., in 1868, for pneumonia, from which she recovered, not, however, without the formation of a very large abscess in the left lung. I was at her bedside when the abscess broke. She coughed incessantly for two hours by the watch, at the end of which time she had expectorated at the very least three gills of pure, creamy pus. She was then thoroughly exhausted. I at once gave her one grain of morphine and she did not cough again for forty-eight hours. Then she coughed again for one hour, and the expectoration at this time amounted to nearly a half a pint. I gave her the following prescription: Take—

Balsam Copavia, two drachms,
Morphine, two grains,

Gum Arabic, one ounce,
Simple Syrup, two ounces,
Water, three ounces.

Mix. Give one teaspoonful every two or three hours during the day, and occasionally in the night when restless. This was the only prescription given. The patient only coughed every forty-eight hours, the expectoration diminishing regularly until health was fully restored. Here was an abscess of large size that certainly healed. Nature should doubtless have the credit of healing the cavity in the lung, as the lady is still in good health.

Thirty years ago, I was treating one of the best marked cases of consumption I have ever seen. I treated him eighteen or twenty months, during which time the expectoration was regular, abundant, pure pus, and at times very offensive. He was reduced to a mere skeleton and had regular hectic fevers daily, with flushed cheeks, and profuse perspiration every night. I could only hope to give him temporary relief and comfort, and his friends had lost all hope. I gave the patient the same prescription that the young lady (whose case I have just given) took. He continued it for five or six weeks, at the end of which time he was apparently well. And to my great astonishment, together with his friends and relatives, he continued to improve until finally he had gained his health, flesh, and strength ; and for many years he remained so, never being subject to lung troubles again. I did not take any credit to myself for the cure of either of these patients. Nature worked out its own cure. The prescription I gave them is certainly good. I have used it a great many times, and where the patient does not object to the balsam it generally gives good satisfaction. Occasional cures like these are calculated to deceive. In this way many patent medicines get a reputation. I don't pretend to cure consumption now, nor never have.

DELIRIUM TREMENS.

"MANIA a Potu," "Alcoholism," "Snakes in the Boots." This is a very complicated disease which seldom occurs, except in persons who are habitual drinkers of intoxicating liquor. I have seen a few cases of delirium tremens that occurred in very temperate subjects. In every instance it was at or about the termination of a severe case of fever. Not one of them gave me any trouble. One or two doses of morphine relieved them entirely. Those caused from two much drink are not so easily cured. Most persons recognize this disease very readily. You know the man's habits. He has been drinking for a long time. All of a sudden the stomach refuses to retain strong drink of any kind. The brain loses its accustomed stimulant. The patient becomes very nervous, can't sleep, wants to drink all the time, but the stomach being inflamed rejects everything. About this time the patient becomes very much frightened at any little noise, and sees snakes crawling up his boots (hence the common name). One patient will have one optical delusion and another something else.

I remember one case I attended a few years ago, whose delusion was house flies. He would see a few dozen at first then hundreds and thousands, all of which he vainly tried to enumerate. Another would say: "Doctor, did you see that little devil jump down my throat? He had a silver knife to cut out my heart." No two cases are alike, but without exception they are very much frightened and are really pitiable objects. Many think the third attack of this disease proves fatal. I have passed dozens of patients through this disease as often as ten or twelve times, and having experience in their habits and constitutions, could relieve them more easily at each attack. In fact this disease rarely proves fatal until some other disease is superinduced, that complicates

matters and death ensues from the last disease. The most common trouble is inflammation of the stomach and bowels, and dropsy. The liver becomes torpid from being stimulated too often and too long at a time. Nothing that can be taken into the stomach can be digested, and of course a patient in this condition cannot last long. About this time, hundreds of hard drinkers are attacked with convulsions, and when these complicated troubles are in full force, the patient must and will succumb. I will now give my treatment for delirium tremens, which will cure every time, provided the stomach and bowels are not already burned out with strong drink.

TREATMENT.—Give the following prescription: Take—

Calomel, twenty grains,
Morphine, two grains,
Dover's Powder, fifteen grains.

Mix thoroughly and divide into two powders. Give one and four hours after give the second. Eight hours after the second powder, give some active opening medicine, such as citrate of magnesia, Epsom salts, castor-oil, or cream of tartar and jalap. Be sure to work the calomel off freely, if you have to repeat the opening medicine half a dozen times. Now the patient is in good shape to receive the medicine to quiet his nervous system. Take—

Chloral Hydrate, sixty grains,
Morphine, four grains,
Fluid Extract Digitalis, one drachm,
Syrup, one ounce,
Water, five ounces.

Mix. Give two teaspoonfuls every two or three hours until the patient sleeps, after which you may regard him as convalescent. If, however, the "sight seeing" returns, give him an active dose of citrate of magnesia or Epsom salts. Then give the opiate prescription as at first, until he sleeps. This will generally end the treatment. With proper diet and moderate exercise he will be all right in a few days and will remain so if he will let liquor absolutely alone. Before he has had a few days in which to recuperate, the friends of the patient

very often come in for a hand in the treatment. "Now, my friend, I think you had better take a little whisky, for you know 'the hair of the dog is good for the bite.'" Another friend will say, "Doctor, don't you think a little whisky will steady his nerves and make him feel better?" I reply: "How do you expect to cure this man? It was whisky that brought on the delirium, and now that he is rational, why give him the very thing that will lead him into the same trouble again? You could steady his nerves with whisky sooner than I can with nourishing food, but your patient would begin to want that little whisky too often. There never was and never will be a patient cured of alcoholism with whisky. That would be simply ridiculous."

PILES.

THERE are several kinds of piles, the most common being the external. The piles may come spontaneously, but habitual constipation is the most frequent cause. In this disease, as in all others, the first and main part of the treatment is to remove the cause. Constipation then being the cause it must be removed. This is best done by paying great attention to the diet and exercise, and if proper diet and exercise will answer the purpose, it is greatly preferable to any medicine yet known. Corn bread, graham flour, bran bread, rice and all kinds of fruit and vegetables taken largely and regularly, will in nearly every instance remove this prime cause of piles.

Another simple plan of overcoming constipation is to form a habit of going to stool every morning at the same hour. After breakfast is the best and most natural time, for immediately after eating a meal there is a certain movement in the stomach and bowels called the peristaltic motion, and this excitement of the bowels is greater after breakfast than after

any other meal. If this plan fails to overcome the constipation, then mild opening medicines must be resorted to, such as cream of tartar and sulphur. Take—

Cream of Tartar, one ounce,
Flowers of Sulphur, half an ounce.

Mix. Divide into twelve powders. Take one powder two or three times a day. (Honey or syrup is the best thing to take it in.) This will in every instance overcome the most obstinate case of constipation, which being overcome, withdraw the cream of tartar and sulphur, but be sure to continue the diet and exercise. Local application—

Extract of Belladonna, half an ounce,
Lard, half an ounce,
Tallow, two drachms,
Sweet-oil, half an ounce.

Mix. Grease the piles freely three or four times a day. If the piles are internal, pass the ointment in the rectum as far as possible with the finger. Bathe morning and evening with warm water and castile soap. I very rarely have to resort to any other treatment than this for the internal or external variety. Often piles become excessively painful. To overcome this great pain, I apply the extract of belladonna freely from ten to twelve hours or until the pain has subsided.

DYSPEPSIA.

DYSPEPSIA is a very common disease. The trouble is simply a want of healthy action in the digestive powers, and proper secretion of the stomach, pancreas, and liver. The stomach refuses to digest the food. After meals the stomach sours and often rejects the most bland diet. These patients become very despondent. A man actually dying by inches with the consumption cannot realize the fact, and is hopeful to the last, while the patient with the dyspepsia, not

being in any immediate danger, is all the time apprehending the worst consequences, and this being the peculiarity of the disease, they are apt to take too much medicine. We cannot give any regular course of treatment for this disease, for this reason, there are no two alike. There is this much to be done for every case of dyspepsia, that is, put all the secretions in good working order; the patient is then put on some kind of diet that will digest easily, and kept on that particular diet for months, or until the patient feels as if the disease was entirely cured. Now with great caution take a very little of some other light food that is easily digested, and continue in this way for weeks and months until finally the patient can indulge in almost anything which is wholesome and properly cooked. I will give one case which came under my observation. Many years ago a middle-aged man found his stomach would reject any and all kinds of nourishment for many months. He of course became very much emaciated. His appetite was good all the time and he took no medicine whatever. Finally he succeeded in retaining one tablespoonful of sweet milk. This was the beginning of his recovery. This he repeated three times a day for a few days, gradually increasing the amount until he could take any quantity desired. Soon after this he was relieved. This demonstrates what patience and perseverance will sometimes accomplish. To recapitulate: Put the secretions in good working order and the balance must be accomplished by dieting.

CHILBLAINS.

THIS disease generally occurs in young people. The middle-aged, however, are not exempt. It attacks the feet mostly, but occasionally the hands and ears. Chilblains on the feet are caused by heating the feet too suddenly when chilled by severe cold. This causes partial congestion of the

blood in the parts, then inflammation, swelling, and pain. When the feet are very cold they should be warmed slowly or by friction so as to restore the circulation with the warming.

TREATMENT.—Wear shoes comfortably large and avoid exposure to cold. It is very poor economy to go with cold feet. Apply the following ointment morning and evening: Take—

Tallow, one ounce,
Lard, one ounce,
Sweet-oil, one ounce,
Extract Belladonna, one ounce.

Mix the tallow, lard, and belladonna first, then add the oil and mix well. Proper attention and prompt treatment in this direction will save much needless suffering.

SUN PAIN.

THIS is quite a rare disease, and the cause is not very well understood.

SYMPTOMS.—The patient rises in the morning as well as usual, allowing him to be an early riser, but as soon as the sun is up his head begins to ache, and it continues to ache with increased severity until noon; immediately after noon the pain begins to subside, but it aches until the sun is down, after which there is no pain until sunrise next day. This sun pain will continue to repeat itself with great regularity each day until the proper remedy is given to arrest its course.

TREATMENT.—Immediately after sunset give the patient three grains of quinine, and repeat that dose every two hours until the patient has taken twenty-one grains. This may not cure the pain fully the first day, but it will lessen it greatly. The next evening commence after sunset with the three-grain doses of quinine, and repeat that dose until twelve grains

have been taken. This will stop the pain. Now give four or five compound cathartic pills. They will open the bowels freely and the patient is cured.

SALIVA.

PROTRACTED overflow of the salivary glands is a complaint seldom seen. Twelve years ago I met with a case of this nature in Marysville, California. When Mr. George Pine consulted me he seemed in good health, though quite emaciated. This flow of saliva had been of great annoyance to him for two years. The flow was constant and in large quantities. He could not give the exact amount per day but thought it somewhere between a pint and a quart. Judging by the few moments I saw him I thought he was correct in his opinion. He had consulted every doctor in Marysville and Yuba City, in all seven or eight. In addition to what they did, he had tried various remedies, from all of which he received no benefit whatever. I gave him the following prescription, which effectually cured him in ten days: Take—

Extract of Belladonna, five grains,
Sugar, half an ounce,
Water, four ounces.

Mix. Dose, half a teaspoonful three times a day, which he continued five days, when the flow of saliva was restored to its natural condition. Then I advised him to take only one dose per day for three days, at which time I discontinued the treatment. He remained entirely well for four years, when he had another attack. I gave the same treatment with the same success. This is the only case of the kind I have ever seen, and I instance this case merely to show the power of belladonna. Belladonna is a deadly poison, and when a person is poisoned with it, and we reach him before he becomes unconscious, we find his mouth and tongue very dry, so much

so that it is difficult for him to talk, spit, or swallow. Also the pupils of the eyes are dilated to their full extent. We at once see that the patient has had an overdose of belladonna.

That was the first and only patient that I have ever been with for which I considered the internal use of belladonna applicable. That this and many other deadly poisonous drugs are now given so freely, accounts for so many sudden deaths occurring all over the land. I use belladonna externally very often. It relieves pain almost immediately. Take the extract of belladonna, spread it on muslin, as a plaster, the size of the boil, caked or rising breast, abscess, or painful tumor. When the pain is relieved, remove the plaster. Apply as often as the pain returns.

CATARRH.

THIS is a very common disease, so much so that it does not require a description here. A person troubled with this disease is well aware of its presence, from the fact that they have an exceedingly abundant and disagreeable discharge from the nose. Nor can the person thus afflicted breathe freely through the nostrils. Many are quite sensitive as to their situation, and often let it run from week to week, month to month, and in some instances years, before they have the moral courage to consult their family physician. By this time the case is almost hopeless, the disease by its incessant avages having destroyed all the healthy action of that organ. This accounts for the difficulty in curing catarrh. Another reason why the patients often fail to get cured is they try too many remedies. Unfortunately, there are so many people with sure cures. Many of the powders and solutions snuffed up the nose do harm, and it is a question whether they ever do any good. Catarrh is as easily cured as many other diseases, but you must take it in time, and make a cure before

it has gone too far. I will now conclude this article by giving a prescription which will, if faithfully used, cure most cases of this disease in the beginning; prevent it from getting a foothold, if only threatening, and help all cases however far advanced. Take—Lard, tallow, and sweet-oil in equal parts. Mix. Add to one ounce of this ointment fifteen grains of calomel. Grease the inside of the nose once or twice a week, if slightly affected, and twice a day if the case is serious.

FRACTURES.

I ONLY propose to treat fully of the simple fractures. Compound fractures are of a very serious nature. That is when there is fracture, dislocation and laceration of the skin and flesh surrounding the injury. Sometimes all this can be treated successfully by a skillful surgeon. It is best in such cases to send for a surgeon at once, for immediate amputation may be the only chance to save the life of the patient and delay might prove fatal.

FRACTURE OF THE COLLAR-BONE.

SYMPTOMS.—(Strip the patient to the waist.) We find the shoulder leans a little forward—the patient cannot carry his hand to his head and is unable to lift the elbow out and up at a right angle with the body. Place your ear over the broken bone and have an assistant to work the arm up and down as you would work a pump handle, and you will hear the ends of the broken bone grating together. When you hear this, go no further with the examination. Make a wedge-shaped pad six inches long, four inches wide, and three inches thick, tapering down at one end to a feather edge. Place the large end of this pad upward and into the armpit. Now, while an assistant holds the arm out at a right angle with the body, take a firm roll of bandage made of common muslin three inches wide and ten or twelve yards long;

begin at the lower end of the pad and pass the bandage around and around the body, carrying it upward until it has reached the top of the pad. Now fasten with a needle and thread. Bring the arm down parallel with the body; secure it in this position by passing another bandage around the body and arm four or five times. Bring the fore-arm across the stomach and support it with a sling suspended from the back of the neck. If you are not careful, you will draw the bandage too tight and the result will be, the patient will not be able to breathe freely, in which case the bandage must all be removed and re-applied slightly looser. Then let it remain on ten or fifteen days. By this time the bone will be united.

To recapitulate: First, the arm held out straight, the pad passed up under the shoulder joint and secured there by a bandage, then the arm is brought down parallel with the body. The pad acts as a fulcrum, which throws the shoulder joint outward, thus separating the ends of the broken bone, allowing them to throw out bony matter, which in the course of ten or fifteen days, hardens and forms new bone, and, as it were, welds the break, and the bone is then larger and stronger at that point than any other. If this collar-bone is not set, the broken bone laps, and when the bony matter hardens the bone is sound and well, but from two to three inches too short. The shoulder ever after leans forward, destroying the symmetry of the person's form.

FRACTURE OF THE UPPER-ARM BONE.

Pull the arm straight. Wrap it carefuliy and smoothly with a bandage from the elbow to the armpit. Be careful that the bandage is not tight enough to stop the circulation. Then apply three splints well wrapped with cloth or cotton batting. Place them around the arm and secure them in this position by another bandage wrapped from the elbow to the armpit. Keep all in place fifteen or twenty days, at the expiration of which time the bandages should be removed. Now, if the bone has united, there is no further treatment; if not, dress the arm as at first and let the splints remain on ten or fifteen days longer.

FRACTURE OF THE TWO BONES OF THE FORE-ARM.

The shape of the arm shows plainly when both bones are broken.

TREATMENT.—Pull the arm out straight, and turn the palm of the hand up, because in this position the two bones are in a parallel line. Press with the fingers all along the arm until you come to the fracture. Place two convex splints two inches wide, wrapped with muslin, the convex side in the hollow of the bones, one above, the other below. Secure them in this position with a bandage some five or six yards long. Do not draw the bandage too tight, for fear of stopping the circulation. After this, place two other splints about three inches wide, reaching the full length of the fore-arm, and the upper one well into the palm of the hand. Secure these other splints with another and longer bandage drawn moderately tight; thus, it is plain to be seen, the pressure of the convex splints will have a tendency to keep the bones separate, preventing them from growing together, and when the break has united, the arm rotates naturally; otherwise, if the two bones should grow together, the palm could not be turned over and under. The arm must be suspended in a common sling from around the back of the neck. The dressing may be removed and re-arranged at any time before the eighth day, but not after for the next ten days, for between the tenth and twentieth days the bones unite and harden. This process should not be disturbed.

FRACTURE OF THE THIGH.

When there is a fracture of the thigh bone, a first-class surgeon should be called to attend the case. No inexperienced surgeon, however well educated, should ever undertake anything so difficult to manage.

FRACTURE OF THE LEG.

The management of a broken leg should not be attempted by anyone except a skillful surgeon. The responsibility is too great.

HERNIA OR RUPTURE.

When the patient cannot reduce his own rupture, the best thing to do is to call in an experienced surgeon. When there is a failure to reduce a hernia, it is termed strangulated. There is no time to be lost—a few hours often prove fatal.

DISLOCATION OF THE SHOULDER JOINT.

All dislocations should be reduced as speedily as possible. Hence it is necessary that everybody who can, should acquire some knowledge concerning their reduction. The reduction of a dislocated joint is entirely a mechanical operation. It is not necessary for a man to be a thorough anatomist to qualify him to reduce some of the dislocations. After once witnessing the reduction of many of the common dislocations, almost anyone of ordinary intelligence would be able to perform the operation, which is often very simple. Symptoms of dislocation of the shoulder joint are very readily recognized. Strip the patient to the waist and let him stand or sit erect. Examine the sound shoulder, then the other. The appearance is very different. Bring the arms down parallel with the body and the dislocated arm will reach down several inches lower than the other. The patient cannot raise his hand to his head. Instead of there being a soft round hollow in the armpit, there will be a hard lump either immediately in the armpit or a little in front or back of it. Thus the dislocation is known by three ways: downward and forward, downward and backward, and downward. These are very nice distinctions for surgeons, but of no practical difference when we come to the reduction. To put this dislocation in place lay the patient flat on his back. Place a large ball made of yarn, wound quite firmly and twice the size of a large orange, in the armpit; now place yourself alongside of the patient. Take firm hold of the wrist and place your foot against the ball, now pull steadily on the wrist, at the same time push firmly on the ball with all the power you have until you are nearly exhausted, and just at this time carry the arm a little over the body. The ball now is the fulcrum. This carries

the head of the bone outwards, the muscles pull it upwards and inwards, and suddenly it jumps into its socket. Now all you have to do is to bandage the arm firmly to the body, and keep it so for two or three weeks. This ends the treatment.

If one man fails to reduce the dislocation, two must pull, and if two fail, then make the patient very drunk with whisky or brandy, for when drunk and relaxed, the muscles being weak give very little resistance, which renders the reduction easy, and without pain. Chloroform answers the same purpose; however, I do not recommend its use only when given by a surgeon. The one is safe but the other is not.

DISLOCATION OF THE ELBOW JOINT.

There is but one way for this dislocation to occur, that is, the upper-arm bone is forced forward and downward, sliding on the two bones of the fore-arm. The arm is two or three inches shorter than the sound arm. The patient cannot bring his hand up to the mouth. By comparing the two joints the dislocation is unmistakable. The reduction is simple. Place the patient on a low seat, and take hold of the wrist, put your knee in the bend of the arm, now pull firmly and steadily, at the same time push with the knee, also bend the arm around the knee, and in ten or fifteen seconds the bones take their normal condition. Place the arm in a half-flexed position by a common sling suspended from the neck. Keep in this position two or three weeks, and the cure is accomplished. Immediately after the reduction, bathe the elbow in warm water for at least twenty-four or thirty-six hours.

DISLOCATION OF THE FINGERS

Can be recognized at a glance. Reduction is simple and generally very easy. An assistant should hold the hand firmly while the operator pulls the finger outward from the hand. When the joint cracks, cease to pull; if now it assumes its normal shape, the reduction is complete. Bathe the finger in warm water for one or two days, and keep the hand suspended with a common sling. Dislocation of the toes and fingers requires the same treatment.

DISLOCATION OF THE HIP JOINT.

The reduction of a dislocated hip is considered one of the most difficult reductions. It is not advisable for anyone to undertake to perform this operation without a thorough knowledge of the anatomy of the hip joint and all the muscles surrounding it.

SYMPTOMS.—The limb is three or four inches too short. Dislocation of the thigh bone is always backward and upward. The big toe is invariably turned inward. If the toe is turned outward there is a fracture; this may be with or without a dislocation. If there is a fracture and a dislocation, this is termed a "compound dislocation." The fracture must be attended to first and the bones united and strong before the dislocation can be reduced, for without the aid of the sound bone, the reduction of the dislocation is impossible. Lay the patient flat on his back and flex the thigh on the body as much as possible. Take hold of the knee with the right hand and the ankle with the left—supposing the operation is for the right hip—now hold the heel firmly inward, pressing the knee downward and outward; thus the head of the thigh bone is rotated in the proper direction for the muscles to lift the head of the bone upward into the socket. This is all very easy for a surgeon who has a thorough knowledge of anatomy. He manipulates the bone and the muscles do the work. I have reduced quite a number of dislocations of the hip joint in this simple way, never yet having to resort to the pully. After the reduction the patient should be kept in bed from four to six weeks. The hip should be bathed three times a day, in as hot water as can be used without blistering, for four or five days. Keep the bowels in good condition by using any simple cathartic that will answer the purpose.

DISLOCATION OF THE LOWER JAW-BONE.

This dislocation is always downward and forward. The symptoms are as follows: The mouth is wide open, the patient can neither talk, close the mouth, or prevent the es-

cape of the saliva. Place the patient on a low seat, an assistant stands behind him to support the head firmly, the operator puts his thumbs as far back on the jaw-bone or teeth as possible, then pushes firmly backward and downward at the same time, elevating the chin with the other fingers. This movement assists the muscles to pull the bone upward into its proper place. When the operator finds the bone going downward and backward, he slips the thumbs off outward instantly and still elevates the chin; the next instant the muscles will draw the bone in position. Now place a bandage under the jaw-bone, and over the head. Keep it there ten days or two weeks, and nature will finish the cure.

DISLOCATION OF THE ANKLE JOINT.

When this joint is dislocated it is not to be mistaken. The dislocation is always inward or outward. The reduction is accomplished by pulling the foot and heel forward and carrying it to the right or left to its place. Bathe the ankle in hot water for twenty-four or forty-eight hours, and keep the foot off the ground for at least one month.

DISLOCATION OF THE KNEE JOINT.

This dislocation cannot occur without breaking the bones or rupturing the integument surrounding the joint, therefore there cannot be a simple dislocation of the knee. Any force sufficient to dislocate the knee must tear the flesh and skin, and also break one of the bones. In this case we have a compound complicated dislocation. This injury being so extensive, we cannot hope to heal it; immediate amputation is therefore the only chance to save the life of the patient.

We have one more dislocation to treat of, and we have finished this part of the work. This is a partial dislocation of the neck. There is a little bone in the neck called the "atlas." This bone gives freedom to the head, allowing it to rotate from side to side—the head rests on this bone. This bone rests on the second bone, which is called the "axics," which has a pivot for the atlas to rotate on. Suppose a man were to get his neck stretched out a little, say half an inch, and at

the same time turned to the right or left, throwing one side of the atlas out of joint, now the power of turning the head from side to side is lost. It remains fixed in the one position. In order to reduce this partial dislocation, we have to stretch the neck out until we lift the atlas over the obstruction and then turn the head to its proper position. Once this is done the muscles of the neck carry it back with a snap. This sudden snap will in almost every instance snap the spinal cord in twain, which of course produces instant death. If the attempt to reduce this partial dislocation had not been made, the patient would doubtless have lived his threescore years and ten. "A word to the wise is sufficient."

CANCER.

THERE are many varieties of cancer. All are dangerous and more or less painful, some extremely so. Cancer of the breast in women is the most common.

SYMPTOMS.—The first symptom that attracts the attention of the patient is a small hard lump in some portion of the mammary or milk gland. Very little attention is paid to it, but it is often felt and examined by the patient. At this early stage of the disease, if they only knew what was coming, and *immediately applied* the proper treatment, this terrible affliction might in hundreds of instances be averted, and months and years of suffering avoided, to say nothing of the enjoyment of a useful life well spent. She finds in the course of a few weeks or months that its size is fast increasing. About this time her attention is often called to it, from a little darting pain that feels as if a fine needle was pricking it. Very often these premonitory symptoms are kept a profound secret within her own breast, not even mentioning it to her mother or sister. The secret suffering goes on and on, until the keen perception of her mother's or sister's watchful eye discovers that there is something wrong; an explanation is

demanded; now the patient is glad since the "ice is broken" to make a full confession of all her long and painful suffering. The doctor is called in, and to the surprise of the entire family a large, well-developed cancer is discovered. When first observed it was the size of a nutmeg, now it is as large as a hen egg, and as hard as a potato. Two or three doctors and surgeons are called in, a consultation is held, and the usual treatment, the knife, is advised. All agree, doctors and friends, so the cancer is taken out. The operation is a success; the wound heals kindly, and everybody is pleased. Six months, a year or two years after, the patient discovers a small red spot on the old cicatrice or scar; it has the appearance of a small, pink raspberry; this is the first indication of the return of the cancer, which is conclusive proof that it is malignant, and that the entire system is of a cancerous diathesis. It is also proven beyond a doubt that the operation was performed too late. Had the cancer been removed as soon as first discovered, the first and original germ being thus removed, the life of the patient might have been saved. My advice is, delay not an hour.

I, like most young surgeons just from college, felt anxious to put what I had learned of medicine and surgery into practice. I did not have long to wait for an opportunity. Mrs. Richard Page, Union County, South Carolina, consulted me about a large lump in her right breast. My diagnosis of the case was that she had a well-developed cancer, the size of a goose egg. I recommended cutting it out with the knife, and performed the operation to the satisfaction of all, particularly myself. In three weeks the wound healed beautifully. All went well with my patient for two years and a half, when half a dozen small, pink, raspberry-like protuberances made their appearance. She consulted me again, the cancerous diathesis being well marked in the form of fungus hæmatodes, mushroom, or rose cancer. These little red, berry-like things in less than three weeks attained the size of large red roses. The hemorrhage from these large protuberances was often frightful. In a few months she died.

The next case was that of a young, unmarried woman, aged twenty-two years. The cancer in her breast was not larger than a small pullet egg, and she was in the best of health save the pain in her breast. My advice was to cut it out. This I and a young surgeon did. In ten days the wound had healed; in less than six months it returned and killed her in three months.

From that day to this I have condemned the use of the knife. I did (under protest) cut a small cancer from the nose of an elderly lady, that healed perfectly in a few days, and remained well ten years; after that time I came West. How much longer she lived I do not know.

I will give one more remarkable case of cancer that I treated; it developed in the breast of Mrs. Fowler, South Carolina. This was the largest cancer I ever saw. I did not learn the age of it; however it had existed many years. It terminated by suppuration; the skin became very thin from extension, finally it bursted, and all run out, followed by considerable hemorrhage; this I suppressed. The entire mamma, or milk gland, disappeared. She rallied from the shock and exhaustion, and recovered perfectly. Her age was eighty years. She lived many years after, and died without any return of the cancer.

Wens and cancers are so nearly alike, the one is often taken for the other. Some surgeons are unscrupulous enough to pronounce a wen a cancer and cut it out; of course the wound heals rapidly, then the knife is credited with one more cancer cured. To distinguish a cancer from a wen is an easy matter, even in the early stages, for a cancer is always hard and unyielding, accompanied with those lancinating pains, while a wen is soft, yielding, and entirely free from pain. The cancer attaches itself to the skin and often breaks through, discharging more or less thin, watery fluid, sometimes colored with blood. The wen never attaches to the skin, however large or of long standing. The wens should all be cut out, and the cancers should be let alone so far as the knife is concerned. For cancers I recommend but one course of treat-

ment, and that is this, put the patient on the iodine treatment. This acts specifically on all of the glandular tissue. The iodine renders the glands more healthy and firm, therefore they are less liable to take on any unhealthy growth. It retards the growth of the cancer in the beginning. This accomplished the system takes up by absorption the little nucleus of the cancer, and thus it is "nipped in the bud."

TREATMENT.—Give the patient constitutional treatment, and use local applications on the cancer. Take—

Iodide of Potassium, one drachm,
Bromide of Potassium, three drachms,
Simple Syrup, four ounces,
Water, two ounces.

Mix. Take one teaspoonful two or three times a day for three months. Diet and drink as usual. For the local application use the following prescription:—

Iodide of Potassium, one drachm,
Iodine, twenty grains,
Extract of Belladonna, thirty grains,
Lard, two ounces,
Tallow, one ounce,
Sweet-oil, one ounce.

Mix. Apply this ointment freely over the cancer, morning and evening, for months at a time. I do not pretend to say that this treatment will cure cancer every time, or even half the cases, allowing the remedies to be applied within an hour after the discovery. But I do claim that the chances are in favor of this treatment, and believing this I have long ago abandoned the knife, especially in advanced cases. I am fully convinced that the wanton use of the knife hastens thousands to their graves.

QUACK MEDICINES.

AMERICA is a fine field for the introduction of quack medicines. In America every man and woman thinks and acts for himself. Pleasant nostrums are put up in fine bottles, with flashy labels and high-sounding names, "good for everything," regular "cure alls." During the three courses of lectures that I attended in the city of Philadelphia, in the years of 1839–40–41 and 1845, I learned that humbuggery in medicine was far more profitable even in that city, which, although famous for its colleges of learning in every branch of science, was the first city in the United States for its panaceas and quack medicines. Swame's Panacea, made of nothing more than a little spiced molasses and water, made him a millionaire, and from that day to this I have been looking on with amazement at the constant increase of this quack medicine trade. The most thoroughly educated and scientific doctors in the United States, those who have given their entire life and study to the science and practice of medicine, have made only a comfortable living, while the kings of humbuggery sit in the shade and roll up their millions. "We are a free people. We have the right to act as we please, provided we do not interfere with the rights of others." This looks very well at the first view of the question, but when a man's wife or child is sick, he, being a believer in Swame's or Ayer's patent medicines, rushes off to the drug store, procures a bottle of either, returns and gives the medicine as directed, and the patient grows worse from day to day, his faith in the medicine weakens, and he gets a bottle of the other kind, gives it as directed, the patient growing worse all the while. By this time the neighbors are coming in to see this patient that has had only a little cold on the lungs. (These patent medicines claim to be sure cures for all colds on the lungs.) The neighbors are not sure that this cold on the lungs is all that is the matter with

the patient, so one of them takes this believer in patent medicines to one side, and insists on his sending for a doctor. The man gives his consent, the doctor arrives and examines the patient, learns the history of the case, and finds the patient has been in bed six or eight days, and has taken one bottle of Ayer's Pectoral, which gave no relief, and is now trying some other pectoral. The patent pectorals are entirely harmless and useless, for they are nothing more than a pleasant tasting syrup. This man is satisfied that he has not done the patient any harm, but he forgets that he has kept her on useless medicines to the exclusion of remedies known to be good. The doctor finds the patient has been suffering all the time with typhoid pneumonia, and worse than all, the lungs are filled up with phlegm and matter, and the patient has not the power to cough it out, and of course dies very soon.

There are many cases of pneumonia that will prove fatal in the hands of the best and most experienced physicians. When a patient dies on our hands, we have the consolation of knowing that we have used the best remedies. As far as I can see, the patent medicines of this day, as a usual thing, are harmless and useless. In the above case the patent medicines did neither harm nor good, but the disease was doing its work all the while, and when the doctor arrived it was too late, so the patient died without a chance to live.

When we come to think the matter over, this will have to be counted as a stand-off with one of the patients that some of the doctors have killed with too much medicine: so one patient cannot withstand the disease, the other the medicine. These are facts that cannot be disguised. "Truth must and will prevail." A knowledge of this has prompted me to enlighten the people to the best of my ability on this most deceptive practice.

DISINFECTANTS.

THERE are many disinfectants recommended, none of which are equal to copperas. The free use of copperas is not only the best but the most inexpensive. Take two pounds of copperas and put into four gallons of water (boiling). All the drains from the kitchen, bath-room, privy, etc., should be disinfected, at least every two weeks, by pouring some of this solution in the pipes. With a whisk broom, any damp, sickly, or bad-smelling place, inside or out of the house, can be sprinkled and any unpleasant odor dispelled in a few hours. It will stain wood or cloth a dark brown color. There is nothing equal to pure fresh air and plenty of it. Keeping the premises clean and the house well ventilated from cellar to garret, especially the bedrooms, conduces largely to health. "Cleanliness is next to godliness."

GONORRHŒA OR CLAP.

THE origin of this disease doubtless came from uncleanliness. From time immemorial it has been communicated from one to another to the present time. It is the general belief that the disease is always taken from a person afflicted with this disease. This I am confident is not the case. Many virtuous women have given their husbands bad cases of clap, when they did not have that loathsome disease. They, however, had the whites, which often inoculates the man with a very severe inflammation of the urethra, resembling clap in every particular. The same white, milky discharge from the urethra, with more or less redness of the parts, burning or scalding sensation when passing water, the purulent discharge increasing from day to day, and becoming thicker and yellow,

until the discharge is of a greenish yellow. No physician can distinguish the genuine from the spurious. The treatment is the same in either case. There is no difference as to the cure of one or the other. Many divorces have occurred from these facts not being understood, when there had been no criminality whatever by either party. I have cleared up a number of difficulties of this kind.

TREATMENT.—Take—

Balsam of Copavia, one-half ounce,
Paregoric, one ounce,
Gum Arabic, half an ounce,
Simple Syrup, one ounce,
Water, three ounces.

Mix. Take one teaspoonful three or four times a day and night. Wash the parts very clean, three times a day, with castile soap and cold or warm water. Everything depends upon cleanliness in either man or women.

DIET.—Moderate, eat all kinds of vegetables, fruit, coffee, tea, and milk, but very little meat, and when taken, season moderately. No alcoholic or stimulating drinks allowed, not even a little beer or gin. Many patients of this kind are of the opinion that a little gin is good for this disease. This is a mistake. Those that abstain from all stimulants fare best. This is the only treatment necessary for the first ten days. By this time the inflammatory symptoms have almost entirely disappeared; there is still, however, more or less discharge from the urethra, but very little burning or pain when passing water. It is now advisable to use the following injection: Take—

Sugar of Lead, thirty grains,
Cold Water, eight ounces.

Mix. With a small male syringe inject the urethra three times a day. Continue to take the balsam mixture all the time but not so often, now only twice a day. Keep the injection up until a cure is effected. I have used nearly all the various kinds of treatments, none of which have given such general satisfaction as this. It is simple, safe, sure, and no bad results

ever follow this treatment. I would advise everyone suffering from clap to avoid nitrate of silver or lunar caustic (which is the same), corrosive sublimate, or any of the powerful injections now recommended. The use of such irritating injections is the cause of so many strictures in after life.

CHANCRE OR POX.

THIS is one of the infectious diseases. It is communicated from one to another. After connection a small speck of matter remains on the penis, or labia of a woman. In a very short time a portion of this little atom is absorbed and the person is then inoculated. From eight to ten days after, or in some instances as late as the fifteenth day, there is a very slight itching. By close observation a very small clear blister, not larger than a bird shot, will be found. It will be elevated. One day later this little blister will break of its own accord. The water or virus runs out. Now there is a raw surface which becomes larger each day, until it is the size of a shirt button or a silver five-cent piece. It is very round, with the edges elevated and the center depressed. The discharge at this time is thick white matter. Without care and cleanliness, this matter will inoculate the surrounding parts, and in eight or ten days instead of one chancre there will be three, four, five or more. The writer deems it unnecessary to follow up this terrible disease through all its ravages on the human system until death relieves the sufferer, which it certainly will if timely and proper remedies are not given to arrest its course. The chancre is the first or primary stage of pox. If proper treatment is promptly administered at this stage, the poisonous virus is neutralized.

TREATMENT.—Wash the chancre or chancres with castile soap and water, then dry them and burn them with a piece of *stick*, caustic, after which apply dry calomel freely. Wash

clean and dress with dry calomel morning and evening for three or four days; at the expiration of this time the chancre will be reduced to half the size it was at the time of the burning. This being the case, continue the calomel treatment until they have entirely disappeared. This simple treatment often makes a perfect cure in a few days. When the case is more advanced, the caustic is more frequently employed. The caustic should not be used more than twice a week, and never when the chancres are growing less under the calomel treatment. Constitutional remedies must be given in every instance, however trivial or small the chancres may be. The absorption of matter or virus from a small chancre will, in a very short time, inoculate the entire system with the poison. Now you have secondary syphilis or constitutional pox. While the caustic and calomel treatment is going on, the following prescription is to be given daily for at least four or five weeks after the chancres have disappeared: Take—

Iodide of Potassium, two drachms,
Bromide of Potassium, three drachms,
Simple Syrup, two ounces,
Water, four ounces.

Mix. Give one teaspoonful three times a day. This prescription to be continued for five or six weeks. The first symptom of secondary syphilis is soreness in one or both of the groins. In a few days they swell and become hard and prominent, the same as a common boil. If not arrested they will grow larger and larger until they burst and large quantities of matter will run out of them. Now the pain and swelling is relieved. These are called "bubos." More or less of this poisonous matter is absorbed into the system. The bubos are soon well and the patient imagines himself cured. Some few weeks after the bubos are well, he finds there is a soreness in and around the palate of the throat, attended with some soreness and tickling in the throat itself, and slight cough. Very soon ulcers or sores make their appearance. If left alone the ulcers will in a few months eat away the palate and all the back part of the roof of the mouth, extend-

ing upwards into the nose, the soft parts being eaten away. The soft bones of the nose are next attacked. They in turn are eaten away and the nose flattened down. After this the bones of the forehead are perforated in numerous places, each hole discharging very freely of most offensive matter. The shin bones are also attacked in the same way. Some of the sores discharge more or less. Others grow out horny or are bony excrescences that the doctors call "nodes." Now the disease has reached the third and last stage of syphilis. No patient ever recovered fully after this. Some may eke out a miserable existence for a number of years.

The constant use of Donovan's solution of iodine, arsenic, and mercury is the only remedy known that any reliance can be placed in to eradicate this disease. Dose—Ten or fifteen drops three times a day, to be continued until the mouth is a little sore from the mercury; then the medicine should be withheld until the mouth is quite well; then resume it again and continue until the soreness appears, and so on for six months or a year, living all the time on good, wholesome diet.

PREJUDICE.

THE prejudice to calomel is very great throughout the United States, notwithstanding it stands at the head of the list of all the remedies we have to combat disease with. About the time I graduated I could see there was a little prejudice against calomel. In 1841 Dr. Wood was particularly eloquent in the praise of calomel. In 1845 and 1846 I was again attending the lectures in Philadelphia, when Dr. Wood in the short space of four years turned all of his eloquent praise into violent abuse of calomel. In the fall of 1845 I was passing through the wards of the Pennsylvania Hospital listening to the bedside lectures of Dr. Wood (Dr. Wood of Wood & Bache's Dispensatory). I noticed every prescrip-

tion as we passed along for about thirty patients, not one contained calomel. In my opinion some of them needed it. At last we came to a patient who had just been been brought into the hospital. Upon examination Dr. Wood pronounced his disease bilious pneumonia with a very high fever. He was a sailor thirty-five years old, remarkably stout and healthy, never had been sick before to his knowledge. The following prescription was given—

Half a pint of Whisky,
One pint of Sweet Milk,
Four tablespoonfuls of Sugar.

Dose—Four tablespoonfuls every hour. Give also three grains of quinine every three hours.

Dr. Wood remarked to the students: "Gentlemen, this is the sustaining treatment, supposed to be the best and most scientific treatment extant. It is remarkably prompt and effective in its action; saves the necessity of blood-letting, the use of calomel, and other cathartics, the annoyance of blistering over the lungs, cupping, leeching, and all the long train of cough mixtures, fever and sweating medicines. Thus, gentlemen, the patient is restored to health in a few days without the loss of much flesh. It is far more preferable than the old plan of depletion. This treatment is daily becoming more and more popular in Europe as well as in the United States." I was well acquainted with a few of the students and they were quite pleased with Dr. Wood and his lecture, which was not at all surprising. How could the young students doubt Dr. Wood's eloquent and plausible lecture? Even I began to feel it was time for me to fall in line with my old and loved preceptor. Dr. Wood was a great favorite with me four years previous to this time, and his lectures on calomel, opium, quinine, and sugar of lead were unequaled. I said to the students that I knew, "Be sure to watch the sailor, for he is going to die under the sustaining treatment." This was Wednesday, and the following Saturday we met Dr. Wood at the hospital again. When we came to the sailor's bed Dr. Wood remarked, "The sailor, if you recollect, who was taken

into the hospital last week, died a few moments ago." Of course I said to the students afterwards, "You see I was right, this modern and popular treatment will not do." Light colds that are hardly worthy the name of pneumonia may be cured this way, but nineteen cases of well-developed pneumonia out of twenty will die under this treatment. When you graduate and begin the practice of your profession you must not make mistakes like this case of the sailor. If you do, mark my word, you will not get many patients to sacrifice in this manner, for all the old people in the country will know better than that, and you have only to lose one patient in that way and your practice will come to an end very suddenly. You may be wealthy and have influential friends, but they cannot save you. The people will make these kind of remarks:—

"Young Dr. W. H. is a very clever young man, but I am afraid he will not make as good a doctor as his old uncle. Did you hear how he doctored Mr. Thomas last week?"

"No."

"I will tell you. Mr. Thomas was taken sick with a chill last Monday morning. It didn't last long, but he was somewhat uneasy and sent for the young doctor at once, so as to give the young man a fair start with the disease. I was there when the doctor arrived. He examined the patient very carefully, and pronounced the disease pneumonia, and what do you think he gave him? It was this (I heard every word): Take half a pint of whisky, four tablespoonfuls of loaf sugar, and one pint of sweet milk. Give four tablespoonfuls every hour, day and night. Take one of these powders every three hours. (The powders were quinine, three grains in each.) Continue this until I visit you to-morrow. The next day when he came Mr. Thomas was no better, and if anything worse. He did not stay long, but told Mr. Thomas he was doing very well, and by morning he would be nearly if not quite out of danger. When the doctor came next, which was the third day, Mr. Thomas was almost dead."

"Mr. Smith, did he die?"

"Yes, poor man, he was one of our best citizens, always so healthy, and only about thirty-seven years old."

"Mr. Smith, what did you say the doctor gave him?"

"I have just told you, milk punch and quinine."

"Well, I don't want that doctor to do any doctoring for me. I can take old Doctor Gunn's book and find something better for pneumonia than whisky punch and quinine. Doctor Gunn says, wait until the fever is off before you give quinine."

You will be very much surprised when you begin to work with the people. Of course you are a public servant, and when these plain old farmers send for you to visit the sick, they will propound to you many questions, which you will find you will have to answer in plain language. In order to test your ability they send for you and watch you closely. Of course you will tell them what the disease is. After you leave they take down their doctor's book, Gunn or Eberly, and read up. At your next visit they will want to know what kind of medicine you are giving, how it will operate, and about how long it will take you to cure the patient. About this time you will begin to think you are being questioned very much more closely by these old farmers than you were by the learned professors, when they had you in the green room, and the chances for your rejection are very favorable.

Gentlemen, I will give you one more piece of advice. Before you leave Philadelphia, procure a copy of "Chapman's Therapeutics." Read his essay on emetics and cathartics; then read and study with care and due diligence his four articles, viz.: "Calomel," "Tartar Emetic," "Opium and Its Preparations," and "Quinine." These four medicines are the great levers which we have to depend upon to cure all diseases that are attended with fever. When you are competent to cure fever under any and all circumstances (if it can be cured at all), then you are competent to practice medicine; otherwise you will never make a successful physician.

Now the question arises, How are the young doctors to learn the practical use of calomel? The Dispensatory fails to teach them; it tells how it is made, how it looks, and gives the proper dose. The Pharmacopœia tells what diseases it is good for, but neglects to inform them when, and where, and

how to use it. All of the professors of this date are anti-calomel. They have all been switched off to phosphorus, podophyllum, mandrake, elaterium, gamboge, croton oil, white hellebore, strychnine, Norwood's veratrum verid, fluid extract of digitalis, hydrocyanic acid, Prussic acid, belladonna, etc. *These* are the medicines that have taken the place of calomel. Nearly every one of them is capable of producing the most fatal consequences in a few minutes, some in a few hours, the others in a few days. Some of these medicines are so fatal and rapid in effect that there is no time to administer an antidote. The use of this class of drugs is the cause of so many sudden and unexpected deaths occurring all over the country, particularly in the United States, and not one of the above-named drugs has the slightest influence, specifically, on the liver, not as much so as a dose of Epsom salts.

There are some people who have reason to object to calomel; those who have once been salivated are very susceptible to it, and when a patient objects to calomel for that reason I am as unwilling to give as he is to take it. Therapeutics instructs the reader of all or nearly all the diseases that calomel is good for, but as before remarked, it fails signally to specify the manner of its use. Professor Stiller, of Beedapest, has within the last few months learned that calomel is good in dropsy of the heart, dropsy of the abdomen, also in general dropsy. He claims that calomel is a diuretic. I beg leave to differ with the learned professor as to its being a diuretic. Calomel stimulates the absorbent vessels, giving them tone and action, thereby drawing the water out of the sack or pericardium that envelopes the heart, also the water that is in the cavity of the chest and that in the abdomen. When all this water, which amounts to several gallons, is emptied out into the proper channels, the bowels and urinary organs act as sewers to carry off this water. I am not surprised at Professor Stiller coming to the conclusion that calomel is both diuretic and hydragogue in its action. The author of this volume will be pleased if Professor Stiller and Mr. Indrassite will read his treatise on the various kinds of dropsy, and criticise.

The people also have great prejudice against opium. Their dread is that they will become opium eaters, and they have reason to fear such results when they find the system craves it. It is not the fault of the doctors or of the opium that there are people who have no moral courage, no will power. If the patient is an idiot then it is the doctor's fault, but if he has good sense, he will listen to timely warning, which is seldom wanting. We cannot allow a patient to suffer great pain for any great length of time, for pain often creates inflammation, which runs into mortification, and mortification means death. I have given thousands of patients opium or morphine in many of the inflammatory diseases for days and even weeks, and after the recovery of the patient, there being no further use for the drug, it was withdrawn without the least inconvenience. It is erroneous to think that every person who takes a few doses of morphine is going to form the opium habit. You will find hundreds of people firm against opium and at the same time using and advising their neighbors to use soothing syrup, Dover's powder and paregoric, all of which are opium. They also use the patent cough medicines, every one of which contains more or less opium. There is not a drug known that possesses the efficacy of opium in all the diseases of the windpipe and its branches (known as the bronchial tubes) and the lungs, or half-way equal to it. Opium acts specifically on every secretion save that of the bowels. Hence opium as a remedy stands unrivaled in cholera and all bowel complaints. This fact accounts for the introduction of it in so many prescriptions. It cannot be ignored. When the secretion of the skin is required, opium is the first drug thought of. No combination of medicines can have the proper influence on the urinary organs without it. In all derangements of the womb opium is of great assistance. When the liver is torpid opium increases the efficacy of any drug that is administered for its relief.

I have met with much opposition to quinine. One will tell you, "I took quinine, but it failed to cure and did me great

injury; made me deaf, etc." Such patients are perfectly honest in their opinions, but they fail to lay the blame where it belongs. If the medicine was given in the proper dose and at the proper time, it is one of the greatest remedies known. With it we cure with absolute certainty bilious congestive fever, chills and fever, sun pain, and typhoid fever. Quinine stimulates the action of the heart. The blood is rushed out to the extremities through the arteries with full force; the veins are also stimulated to return the blood to the heart, making the grand circuit in about four minutes, which is as it should be. Before the quinine was administered, the circulation was making the round trip in from five to six minutes. Once under the influence of quinine, that influence will last for six or eight days. No other remedy will accomplish this result. Alcoholic stimulants will bring about accelerated action of the heart, but it is only temporary, and when this class of stimulants have lost their effect there is a corresponding depression in the heart's action. Not so with quinine, for its lasting effect renders it one of our most important remedies; and it is one of the most valuable febrifuges and antiperiodics that the world has ever known.

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